

**2026-2027 Verification of Enrollment for Family Members in College**

UCSF Student: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ UCID \_\_\_\_\_

Family Member's Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

**This form is to be used to verify enrollment of other family members attending a college or university at least half-time during periods between July 1, 2026 and June 30, 2027.** If plans change and the family member does not enroll at least half time, your financial aid eligibility may be reduced. Forward this form to the family member for completion of Section A.

**SECTION A: To be completed by the family member named above.**

Name: \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I am currently attending: \_\_\_\_\_

I grant permission to release this information to University of California, San Francisco.

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Signature of Family Member

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Date