



Parent Enrollment Verification

Section A:

_____ Student ID#: _____
Roanoke College Student

The letter you submitted for consideration of special circumstances indicated that a parent will be enrolled in post-secondary education during the 2024/2025 academic year. Therefore, completion of this form is required before any changes can be made.

Section B: TO BE COMPLETED BY PARENT

Parent's Name: _____ Social Security No.: _____

I hereby authorize _____ to release my enrollment
(school parent is attending)
information to Roanoke College.

Parent Signature: _____ Date: _____

Section C: TO BE COMPLETED BY THE SCHOOL PARENT IS ATTENDING

The Roanoke College student referenced above in section A has indicated that he/she has a parent referenced in section B, who will be attending your institution during the 2024/2025 school year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification. Return this form to Roanoke College within two weeks of its receipt. Thank you.

1. Enrollment status for 2024/2025: ____ full time ____ half time ____ less than half time
2. Student is in a ____ certificate ____ degree ____ non-degree program
3. Expected Date of Graduation: _____
4. Costs for the 2024/2025 Academic Year:

2024/2025 Tuition Cost _____
2024/2025 Fees _____

5. Financial Aid Information:

Does the student receive financial aid? () Yes () No

If yes, please indicated sources and amounts of financial aid below:

Source: _____ Amount: \$ _____
Source: _____ Amount: \$ _____

School Official's Signature Title Date

Please return form to: Roanoke College
Financial Aid Office
221 College Lane
Salem, VA 24153
FAX: 540 375-2267