



Oral Roberts University  
Office of Financial Aid

# FAMILY MEMBER ENROLLMENT VERIFICATION WORKSHEET (2014-2015)

Student's Last Name	First Name	MI	Student Z#
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## Student Information (please Print)

The purpose of this form is to verify the enrollment of an ORU student's family member(s). **A separate form is required for each family member enrolled in a post-secondary institution this year.**

**This form(s) should be completed and submitted to our office before November 1, 2014. Failure to return the form(s) will result in an adjustment to your ORU Student financial aid award, which likely will include a significant increase in your family contribution for the spring semester.**

## STEP 1 PARENT/GUARDIAN COMPLETES

Name of ORU student \_\_\_\_\_ Z# \_\_\_\_\_

Name of family member not enrolled at ORU \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature authorizes release of information in step 2)

Send worksheet to the Financial Aid Office of the family member(s) who does NOT attend Oral Roberts University.

## STEP 2 FINANCIAL AID/REGISTRAR OFFICE AT FAMILY MEMBER(S) SCHOOL COMPLETES

The family member noted in step 1 is presently: ☐ Full Time ☐ ½ Time ☐ Less than ½ time ☐ Not Enrolled

The expected completion date of the student's program is \_\_\_\_\_

Student is receiving aid as: ☐ Independent ☐ Dependent ☐ Not an Aid Applicant ☐ Merit ☐ Athletic

Name of Post-Secondary Institution \_\_\_\_\_

Signature of School official \_\_\_\_\_ Date \_\_\_\_\_

Print Name of School official \_\_\_\_\_ Phone \_\_\_\_\_

## STEP 3 FAMILY MEMBER(S) SCHOOL SENDS COMPLETED FORM TO ORU

Please send only **one** copy, via fax (918-495-6803) **OR** e-mail (orufinaid@oru.edu) **OR** mail (Oral Roberts university Financial Aid, 7777 S. Lewis Ave, Tulsa OK, 74171)

I certify that the information on this form is complete and correct to the best of my knowledge and belief. I understand that if I purposely give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_