

**Northeast Wisconsin Technical College/Enrollment Services  
2007-08 Parent's Enrollment Statement**

We have completed the initial review of your 2007-08 Free Application for Federal Student Aid (FAFSA) or Renewal Application. Information that we received from the U.S. Department of Education indicates that one of your parents is attending college. Before we can include your parent as a household member in college, we must verify their enrollment. Please complete your information and have the enrolled household member complete and sign the Release of Information section (gray section). Submit this form to the college or university the household member is attending.

**\*\*PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM AND ALL DOCUMENTS ARE RETURNED\*\***

Your Name: \_\_\_\_\_ Student/Empl ID: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**PARENT'S RELEASE OF INFORMATION**

I, \_\_\_\_\_ / \_\_\_\_\_, hereby authorize the release of  
(Parent's name-Please Print) (Social Security Number)

information about my 2007-08 enrollment at \_\_\_\_\_  
(Name of College/University, City, State)

to the Northeast Wisconsin Technical College Financial Aid Office.

\_\_\_\_\_  
Parent's signature Date

**SCHOOL CERTIFICATION**

(To be filled out by the parent's college/university)

The Northeast Wisconsin Technical College student named at the top of this form has indicated that the household member listed in the Release of Information section is enrolled for the 2007-08 school year at least half-time in a degree-granting program at your institution. Please complete the following information regarding the household member's enrollment.

**Student's enrollment status is:**

At least half-time  
Less than half-time  
Not enrolled

**Student's program information:**

Degree-granting undergraduate program  
Degree-granting graduate/professional program  
Non-degree granting program

**To be certified by school official:** I certify that the information provided is true and complete.

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

School Name/City/State \_\_\_\_\_

Telephone Number/E-mail \_\_\_\_\_

**PLEASE RETURN TO:**

Northeast Wisconsin Technical College, Enrollment Services  
P.O. Box 19042, 2740 W. Mason St., Green Bay WI 54307-9042