Parent in College Statement





me:	ID:	ntification Number (SID)
Student's Name (Last, First, M.I.)	Student Ider	tification Number (SID)
ase complete this form if a parent listed on the F ending college which changed your ability to pay		t Aid (FAFSA) is currently
For each parent attending college, please in	ndicate their name, college and e	nrollment status:
Name of Parent Attending College (name listed on FAFSA)	Full Name of College* (Do not abbreviate)	Enrolled at least half-time? Y/N
*Only list college for those who will be enrolled **Half-time is typically 6 credits for undergradu This form will be marked incomplete witho proof of enrollment. Any optional personal sta	uate students & 3 credits for graduate out supporting documentation.	students. Documents must include tra
proof of chrollinent. Arry optional personal sta	itement of reason for attending co	nege must melade stadent
Cartification: The information I submit in this	anneal is true and complete to th	a hest of my knowledge
Certification: The information I submit in this	appeal is true and complete to th	e best of my knowledge.
Certification: The information I submit in this Student signature	appeal is true and complete to th	e best of my knowledge.
	Date	e best of my knowledge.

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload 77 UCB • Boulder, Colorado 80309-0077 • www.colorado.edu/financialaid