



**Student Financial Aid Services (SFAS)**

**Verification of Number in College**

Please use the area below to list all family members, excluding your parents, who will be attending college at least half time between July 1, 2007 and June 30, 2008. Return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.*

**Student's Name** \_\_\_\_\_ **NJIT ID** \_\_\_\_\_

**UCID E-mail** \_\_\_\_\_

<b>Name</b>	<b>Age</b>	<b>Relationship</b>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_