

2026-2027 DEPENDENT SPECIAL CIRCUMSTANCES ENROLLMENT VERIFICATION FOR PARENTS

Student Name (please print)

Campus ID Number

The purpose of this form is to provide information about extenuating circumstances requiring your parent to attend college. This information will be used to assist the Office of Scholarships and Financial Aid in determining if the expenses associated with a parent attending college impact your family's ability to contribute to the cost of your education.

PART I: PARENT INFORMATION

Parent Name (please print)

Last 4 digits of Social Security Number

Name of college or university parent is attending

I authorize the college or university at which I am enrolled to release the information requested below to Central Michigan University.

Parent Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING YOUR CREATED PASSWORD**) Date

PART II: TO BE COMPLETED BY THE COLLEGE OR UNIVERSITY YOUR PARENT IS ATTENDING

Have a Registrar or Financial Aid Administrator at the college or university your parent is attending complete the following:

For the 2026-2027 academic year, the parent (student) named above in Part I is attending or will attend your Institution in the following status:

Fall 2026 term

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

Winter/Spring 2027 term

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

Is the student enrolled in a degree or certificate-granting program? ☐ Yes ☐ No

Printed Name of Authorized University Employee

Date

Signature of Authorized University Employee

Date