

<b>FINANCIAL AID MANUAL</b>		NUMBER Section III	PAGE # App 15
SECTION <b>SELF Loan Program</b>	DATE July 2015		

## SELF Borrower's Verification of Enrollment Form

Borrower's Name:	
Last 4 Digits of SSN:	
School Name:	
School Phone Number: (    )	School Code #

### Attendance Information

*Circle One*

_____ TO _____	FULL	HALF	LESS THAN HALF
_____ TO _____	FULL	HALF	LESS THAN HALF
_____ TO _____	FULL	HALF	LESS THAN HALF
_____ TO _____	FULL	HALF	LESS THAN HALF
_____ TO _____	FULL	HALF	LESS THAN HALF

Withdrew                     
 Graduated                     
 Still Enrolled\*

\*If still enrolled, at least a half time student until: \_\_\_\_\_

FAO's Signature: _____	Date:    /    /
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**Return form to:**                     
Firstmark Services  
P.O. Box 82522  
Lincoln, NE 68501-2522  
Fax Number: 1-866-258-9233