

# Family Member in College 2023-2024



NORTHERN ILLINOIS UNIVERSITY  
Financial Aid and Scholarship Office  
*Your Future. Our Focus.*

Submit to:  
Financial Aid and Scholarship Office  
Swen Parson Hall 245  
DeKalb, IL 60115

**NIU Student's Information:** For scanning purposes, use black or blue ink to complete this form.

Name \_\_\_\_\_ Z-ID \_\_\_\_\_  
Last First MI

**Family Member:** Please complete Section I of this form then bring it to your college/university Registrar's Office to complete Section II.

**Registrar of family member's college/university:** Please complete Section II of this form, and return it DIRECTLY to the Financial Aid and Scholarship Office at NIU; contact information is at the bottom of this form.

## SECTION I – TO BE COMPLETED BY FAMILY MEMBER IN COLLEGE

Name: \_\_\_\_\_ Institutional/Student ID #: \_\_\_\_\_

I authorize (*name of family member's institution*) \_\_\_\_\_ to release my enrollment information to the Northern Illinois University Financial Aid and Scholarship Office. My signature certifies that you may update the FAFSA for the above NIU student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II – TO BE COMPLETED BY THE FAMILY MEMBER'S COLLEGE/UNIVERSITY

Academic Year 2023-2024 Semester(s):  Fall 2023  Spring 2024  Summer 2024

Student's enrollment status (circle one):

Full-time

Half-time

Less than Half-time

Not Enrolled

Expected month/year of graduation: \_\_\_\_\_

Degree or Certificate sought: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_

Title IV School Code \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Phone Number/Email: \_\_\_\_\_