



Fairfield University
Office of Financial Aid
2025 – 2026 Spouse Enrollment Verification Form
September 1, 2025 – May 22, 2026

Your 2025-2026 financial aid application indicates that one or more of your spouse is attending college/university. Please have your spouse sign the statement below and forward this form to his or her financial aid office.

Fairfield Student:

Fairfield Student Name: _____

Fairfield ID Number: _____

* If a spouse attends Fairfield University, check here and fill in the spouse's information below.

To be completed by Spouse of Fairfield University Student:

In order to verify information on my spouse's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Fairfield University

Spouse's Name: _____

Name of Institution: _____ University ID Number: _____

Spouse's Signature: _____ Date: _____

* The **SPOUSE** will **NOT** be attending a college/university in 2025-2026 (Check if Applicable).

To be completed by a Financial Aid Officer or Registrar at your spouse's institution:

2025-2026 Enrollment Status (please check the relevant boxes):

Enrollment Status:	Degree Level:	Dependency Status:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Dependent
<input type="checkbox"/> Half-time	<input type="checkbox"/> Graduate	<input type="checkbox"/> Independent
<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Certificate	
<input type="checkbox"/> Not Enrolled	<input type="checkbox"/> Non-degree	

2025-2026 Enrollment Dates: From _____ to _____

I certify that the above information is accurate to the best of my knowledge.

Name: _____ Date: _____

Title: _____ Email: _____

College/University Name: _____ Title IV Code: _____

NOTE: If our office has not received confirmation of your spouse's enrollment status by **September 30, 2025**, or your spouse's enrollment status has changed, your financial aid award will be adjusted to reflect fewer family members attending college, **WHICH MAY RESULT IN A SIGNIFICANT REDUCTION TO YOUR AID.**

Please return this completed form to:
Fairfield University- Office of Financial Aid
1073 North Benson Road Fairfield, CT 06824
E-mail finaid@fairfield.edu Phone (203) 254 – 4125 Fax (203) 254 – 4008