



401 West 130th Street, New York, NY 10027
Phone 917.507.0070 - Fax 917.507.0019

ANTICIPATED FINANCIAL AID VERIFICATION FORM

This form must be filled out by your school's Financial Aid Office

Student's Last Name: (Please Print) First Name: (Please Print) M: _____

Last four of Social Security Number/Emplid Number: _____

I hereby authorize The Financial Aid Office to release the following information to The Towers.

Student's Signature _____ Date: _____

FINANCIAL AID OFFICE USE ONLY

Fall _____ tuition and fees ONLY: _____ Spring _____ tuition and fees ONLY: _____

- 1. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
2. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
3. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
4. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
5. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
6. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
7. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
8. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____
9. Type of Aid: _____ Award Amount: _____ Anticipated Disbursement Date: _____

(Financial Aid Officer's Signature)

(Date)

(Financial Aid Stamp)

NOTE: The Towers will not receive a student's financial aid funds directly. It is strongly recommended that you consult with a Towers representative about your balance before spending any funds that you may receive.



All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source of income.

