Sibling Enrollment Verification Form 2021-2022

Your financial aid application indicated that you have one or more siblings enrolled at a college/university for the 2021-2022 academic year. Please complete sections I and II then forward this form to the Financial Aid or Registrar’s office at your sibling’s institution. A separate form is required for each sibling.

I. Vassar College Student Information

Name: ____________________________________ Vassar ID: __________________

For the 2021-2022 academic year, my sibling ____________________________________

☐ will be enrolled at a college/university – continue to section II
☐ will NOT be enrolled at a college/university – return form to Vassar’s Student Financial Services Office

Student Signature: __________________________

II. Sibling Information (to be completed by sibling or parent of Vassar student)

I authorize my college/university to release my enrollment information to Vassar College in order to verify information reported on my sibling’s financial aid application.

Sibling’s Name: ________________________________ Sibling ID: _______________

Name of College/University: ______________________________

Sibling/Parent Signature: ___________________________ Date: ______________

III. Sibling Enrollment (to be completed by a Financial Aid Officer or Registrar at your sibling’s institution)

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Level of Study</th>
<th>Dependency Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Full time</td>
<td>☐ Undergraduate</td>
<td>☐ Dependent</td>
</tr>
<tr>
<td>☐ Half time</td>
<td>☐ Graduate</td>
<td>☐ Independent</td>
</tr>
<tr>
<td>☐ Less than half-time</td>
<td>☐ Certificate Program</td>
<td></td>
</tr>
<tr>
<td>☐ Not enrolled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anticipated Graduation Date ____________________ Cost of Attendance ____________________ School Title IV Code ____________________

Name of Certifying Official ____________________ Signature of Certifying Official ____________________ Title of Certifying Official ____________________

Email ____________________ Phone ____________________ Date ____________________

This form must be returned by October 1, 2021

Please return completed form to Vassar College Student Financial Services via Email: finaid@vassar.edu - or - Fax: (845) 437-5325