VASSAR COLLEGE
Student Financial Services

Sibling Enrollment Verification Form 2025-2026

Your financial aid application indicated that you have one or more siblings enrolled at a college/university for the 2025-2026 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 2025-2026 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)

Enrollment Status	Level of Study	Dependency Status
☐ Full time ☐ Half time ☐ Less than half-time ☐ Not Enrolled	☐ Undergraduate ☐ Graduate ☐ Certificate Program	☐ Dependent ☐ Independent

_____	_____	_____
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

<u>This form must be returned by September 15, 2025</u>

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