Sibling Enrollment Verification Form 2026-2027

Your financial aid application indicated that you have one or more siblings enrolled at a college/university for the 2026-2027 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 2026-2027 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 25, 2026</u>

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