

# Sibling Enrollment Verification Form 2019-2020

## University of Rochester Financial Aid Office

Complete section A and have your sibling complete section B. The form then needs to be sent to the Financial Aid Office at your sibling's college/university to complete section C and confirm their enrollment during the 2019-2020 academic year. The form is due to the University of Rochester's Financial Aid Office either via mail or fax by **SEPTEMBER 6, 2019**. Students are responsible for confirming that their sibling's Financial Aid Office has returned the form to the University of Rochester by the deadline.

### SECTION A:

#### UNIVERSITY OF ROCHESTER STUDENT INFORMATION

Student Name

UR Student ID

### SECTION B:

#### SIBLING INFORMATION

Sibling's Name

Sibling's birth date

Choose one: sibling will ( ) **ATTEND** ( ) **NOT ATTEND** college during the 2019-2020 academic year.

College/University sibling will attend in 2019-2020

I authorize the above named college/university financial aid office to release the following information to the University of Rochester.

Sibling's Signature

Date

### SECTION C:

**SIBLING'S ENROLLMENT VERIFICATION** – to be completed by the Financial Aid Office at the sibling's college/university. Please return completed form to the University of Rochester's Financial Aid Office by **SEPTEMBER 6, 2019**.

Program: ( ) **DEGREE** ( ) **CERTIFICATE** ( ) **NON-DEGREE**

School Type: ( ) **PUBLIC** ( ) **PRIVATE**

Degree Level: ( ) **UNDERGRADUATE** ( ) **GRADUATE**

Enrollment Status: ( ) **FULL TIME** ( ) **HALF-TIME** ( ) **LESS THAN HALF-TIME**

Name of College/University Official (Please print)

Title

Date

Signature of College/University Official

Email

Phone Number