

VERIFICATION FORM FOR SIBLING ENROLLED IN COLLEGE

We are asking the registrars at colleges attended by our students' siblings or spouse to complete this form and return it directly to the Financial Aid Office. Do not submit this form for completion until early Fall 2018 once sibling/spouse is enrolled. If we do not receive the form by **October 15**, we will assume that the sibling or spouse is not enrolled, and our student's financial aid will be adjusted accordingly.

STEP 1

TO BE COMPLETED BY EARLHAM COLLEGE STUDENT

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
*(please print)*

Number of siblings enrolled in college \_\_\_\_\_ (**Note:** Complete a separate form for each.)

STEP 2

TO BE COMPLETED BY SIBLING

Sibling's Name \_\_\_\_\_  
*(please print)*

I authorize \_\_\_\_\_ to release my enrollment information  
*(name of institution)* to the Financial Aid Office at Earlham College.

Sibling's signature \_\_\_\_\_

STEP 3

TO BE COMPLETED BY SCHOOL FOR THE ABOVE-NAMED SIBLING IN STEP 2 *Must be submitted to sibling's school to complete Step 3.*

Student's enrollment status for 2018-19  Full-time  Half-time  
 Less than Half-time  Not Enrolled

Date of enrollment: from \_\_\_\_\_ to \_\_\_\_\_

Expected month/year of graduation: \_\_\_\_\_ / \_\_\_\_\_

Degree or certification sought: \_\_\_\_\_

Name and address of school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number of school: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_ Date \_\_\_\_\_  
*(please print)*

*Please affix  
school stamp  
or seal here.*