

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 2019 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 2019-20 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.*