# SIBLING VERIFICATION FORM

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 2021 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.

## SECTION A · TO BE COMPLETED BY EARLHAM COLLEGE STUDENT

Student Name

Student ID Number

Number of siblings in college

*Please print or type*

*Complete separate form for each*

## SECTION B · TO BE COMPLETED BY SIBLING

Sibling Name, Please print or type

Name of institution

I,                                        authorize

to release my enrollment information to the Office of Financial Aid at Earlham College.

Sibling Signature

Date

## SECTION C · TO BE COMPLETED BY SIBLING'S SCHOOL NAMED ABOVE

*This form must be submitted to sibling's school to complete Section C.*

Student's enrollment status for 2021-22

Name and address of school

○ Full-time        ○ Half-time

○ Less than Half-time    ○ Not Enrolled

Street address 1

Date of enrollment

Start date

End date or present

Street address 2

Expected month/year of graduation

City        State    Zipcode

Degree or Certification sought

Phone Number of school

Signature

Date

*Please affix school stamp or seal here.*

Name and Title