



# 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 2023 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Please print or type</i>		<i>Complete separate form for each</i>

## SECTION B · TO BE COMPLETED BY SIBLING

I,  Sibling Name, Please print or type authorize  Name of institution

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

Sibling Signature	Date
<input type="text"/>	<input type="text"/>

## 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 2023-24 <input type="radio"/> Full-time <input type="radio"/> Half-time <input type="radio"/> Less than Half-time <input type="radio"/> Not Enrolled	Name and address of school <input type="text"/> Street address 1 <input type="text"/> Street address 2 <input type="text"/> City      State      Zipcode <input type="text"/> <input type="text"/> <input type="text"/> Phone Number of school <input type="text"/>
Date of enrollment Start date      End date or present <input type="text"/> <input type="text"/> Expected month/year of graduation <input type="text"/> Degree or Certification sought <input type="text"/>	

Signature	Date
<input type="text"/>	<input type="text"/>
Name and Title	
<input type="text"/>	

*Please affix school stamp or seal here.*