

Sibling Enrollment Verification Form 2024-2025

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 2024-2025 academic year. The form is due to the University of Rochester's Financial Aid Office either via mail, email, or fax by **SEPTEMBER 6, 2024**. 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 2024-2025 academic year.

College/University sibling will attend in 2024-2025 _____

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, 2024**.

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

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

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

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

Expected Graduation Date: ____ / ____

Name of College/University Official (Please print) _____

Title _____

Date _____

Signature of College/University Official _____

Email _____

Phone Number _____