



2016-17 SIBLING ENROLLMENT VERIFICATION FORM

On your application for financial aid, you reported that there will be more than one student enrolled in college during the 2016-2017 academic year. Yale policy requires that we verify this enrollment. Section I of this form must be completed by the Yale student and the sibling who is also attending college. Section II must be completed by the financial aid office at the sibling's college and returned to Yale Student Financial Services at the address or fax number listed at the top of the form.

Section I

(To be completed by Yale student and his/her sibling)

Yale Student Name: _____ Yale I.D. Number: _____ BirthDate: _____

Sibling Name: _____ Sibling Social Security #: _____

I authorize _____ to release the information requested in Section II of this
Name of Sibling's College

form to Yale University.

Sibling's Signature: _____ Date: _____

Section II

(To be completed by financial aid office at sibling's college)

Enrollment: Full Time Half Time Less than Half Time Not Enrolled

Undergraduate Graduate

Expected Graduation Date: _____

Financial Aid Officer: _____ Title: _____

Financial Aid Officer's Signature: _____ Date: _____

Deadline: October 14, 2016

If the completed form is not returned by the above date, we will assume that the student's sibling is not enrolled as originally reported and the student's financial aid award will be adjusted accordingly.