



## 2017-18 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 2017-2018 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 13, 2017

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.