

## 2019-2020 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 2019-2020 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 the Undergraduate Financial Aid Office.

### Section I

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

Yale Student Name: \_\_\_\_\_ Yale I.D. Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Sibling School I.D. Number: \_\_\_\_\_

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 15, 2019

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.