*Fairfield University*
*Office of Financial Aid*

# 2014 – 2015 Sibling Enrollment Verification Form

***September 2, 2014 – May 17, 2015***

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This form is required for EACH sibling of a Fairfield University student who was listed on the FAFSA/CSS Profile as being in the household AND in college in the 2014 - 2015 academic year. Please follow the steps below to complete this form. If applicable, complete a separate form for each student. **The DEADLINE to submit this form to Fairfield University's Office of Financial Aid is SEPTEMBER 30, 2014.**

**STEP 1: To be completed by the Fairfield University STUDENT.**

_____ _____ _____

**Name (Print Last, First)** **Fairfield ID Number** **Expected Graduation Year**

**STEP 2: To be completed by the Fairfield University student's SIBLING attending a college/university.**

_____ _____

**Name (Print Last, First)** **College/University ID Number**

_____ _____

**Sibling's Signature** **Date** **Expected Graduation Year**

**Are YOU, the abovementioned student's sibling, attending Fairfield University in 2014-2015?** YES _____ NO _____

*If **YES**, please disregard the section below and forward this form to Fairfield University's Director of Financial Aid.*

**STEP 3: To be completed by a COLLEGE ADMINSTRATOR at the college/university attended by the SIBLING above.**

1. College/University Name _____ Title IV Code _____
2. Will the above named **SIBLING** be enrolled **AND** matriculated in a Title IV eligible degree or certificate program in the academic year **September 2, 2014 – May 17, 2015**? YES_____ NO_____
3. Will this **SIBLING** be enrolled **AT LEAST HALF TIME**? YES_____ NO_____
4. The **SIBLING** will **NOT be attending** the above named college in 2014-2015 _____. (check if applicable)

_____ _____

**College Administrator Name (print) and Signature** **Date**

***NOTE:*** *We may require additional documentation if we have reason to believe that the information regarding the number in students enrolled in eligible postsecondary educational institutions is inaccurate.*

Please return this completed form to:

***Fairfield University - Office of Financial Aid***
***1073 North Benson Road Fairfield, CT 06824***
***phone: 203-254-4125 email: finaid@fairfield.edu fax: 203-254-4008***

*OFFICE USE: SIBENR _____*