



Fairfield University
Office of Financial Aid
2020 – 2021 Sibling Enrollment Verification Form
September 1, 2020 – May 22, 2021

Your 2020-2021 financial aid application indicates that one or more of your siblings are attending college/university. Please have your sibling sign the statement below and forward this form to his or her financial aid office.

Fairfield Student:

Fairfield Student Name: _____

Fairfield ID Number: _____

* If a sibling attends Fairfield University, check here and fill in the sibling's information below.

To be completed by Sibling of Fairfield University Student:

In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Fairfield University

Sibling's Name: _____

Name of Institution: _____

University ID Number: _____

Sibling's Signature: _____

Date: _____

* The **SIBLING** will **NOT** be attending a college/university in 2020-2021 (Check if Applicable).

To be completed by a Financial Aid Officer or Registrar at your sibling's institution:

2020-2021 Enrollment Status (please check the relevant boxes):

Enrollment Status:	Degree Level:	Dependency Status:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Dependent
<input type="checkbox"/> Half-time	<input type="checkbox"/> Graduate	<input type="checkbox"/> Independent
<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Certificate	
<input type="checkbox"/> Not Enrolled	<input type="checkbox"/> Non-degree	

2020-2021 Enrollment Dates: From _____ to _____

I certify that the above information is accurate to the best of my knowledge.

Name: _____

Date: _____

Title: _____

Email: _____

College/University Name: _____

Title IV Code: _____

NOTE: If our office has not received confirmation of your sibling's enrollment status by **September 30, 2020**, or your sibling's enrollment status has changed, your financial aid award will be adjusted to reflect fewer family members attending college, **WHICH MAY RESULT IN A SIGNIFICANT REDUCTION TO YOUR AID.**

Please return this completed form to:
Fairfield University- Office of Financial Aid
1073 North Benson Road Fairfield, CT 06824

E-mail finaid@fairfield.edu

Phone (203) 254 – 4125 Fax (203) 254 – 4008

OFFICE USE: SIBENR _____