



**Fairfield University**  
**Office of Financial Aid**  
**2021 – 2022 Sibling Enrollment Verification Form**  
**September 1, 2021 – May 22, 2022**

Your 2021-2022 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 2021-2022  (Check if Applicable).

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

**2021-2022 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	

**2021-2022 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, 2021**, 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](mailto:finaid@fairfield.edu)

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

OFFICE USE: SIBENR \_\_\_\_\_