



EMORY UNIVERSITY

Sibling Enrollment Verification Form 2017-2018

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709
Email: finaid@emory.edu

A: EMORY UNIVERSITY STUDENT This form is required because you reported more than one family member in college during the 2017-2018 academic year. Please complete a separate form for each sibling enrolled at a college or university.

Student's Name:

Emory ID (EMPL):

My sibling, referenced in Section B, will enroll at a post-secondary institution during the 2017-2018 academic year.
 will not be attending a post-secondary institution

B: TO BE COMPLETED BY THE SIBLING OF EMORY UNIVERSITY STUDENT

I authorize the institution at which I am enrolled to release the requested information to Emory University.

Sibling's Name _____ Sibling's Signature _____

Sibling's Student ID# _____ Name of Institution _____ Date _____

C: TO BE COMPLETED BY SIBLING'S INSTITUTION REFERENCED IN SECTION B

Please complete the following information regarding the student listed in section B. Return this document to the Emory Office of Financial as soon as possible. **The Office prefers that forms be submitted via fax.** Our fax number is 404-727-6709. Should you chose another option, our address is 200 Dowman Drive, Suite 300, Atlanta, GA 30322, and our general email account is finaid@emory.edu.

2017-2018 Enrollment Status	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
	<input type="checkbox"/> Full-time	<input type="checkbox"/> Less than Half-time
	<input type="checkbox"/> Half-time	<input type="checkbox"/> Not Enrolled
	<input type="checkbox"/> Degree	<input type="checkbox"/> Non-degree / Certificate
Expected Date of Graduation (month / year)		
Current Year in School		
Dependency Status	<input type="checkbox"/> Dependent	<input type="checkbox"/> Independent
Is the student an aid applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Financial Aid Officer Name and Title _____

Financial Aid Officer Signature _____ Date _____

Institution Address _____ Phone Number _____