Sibling Enrollment Verification Form 2017-2018

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.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Emory ID (EMPL):</th>
</tr>
</thead>
</table>

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

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.

<table>
<thead>
<tr>
<th>2017-2018 Enrollment Status</th>
<th>Undergraduate</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Full-time</td>
<td>□ Less than Half-time</td>
<td></td>
</tr>
<tr>
<td>□ Half-time</td>
<td>□ Not Enrolled</td>
<td></td>
</tr>
<tr>
<td>□ Degree</td>
<td>□ Non-degree / Certificate</td>
<td></td>
</tr>
</tbody>
</table>

Expected Date of Graduation (month / year)

Current Year in School

Dependency Status □ Dependent □ Independent

Is the student an aid applicant? □ Yes □ 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 __________________________

Last Update 5/25/2017