



# EMORY UNIVERSITY

## Sibling Enrollment Verification Form 2020-2021

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

Phone: 404.727-6039  
Fax: 404.727-6709 (Office preferred method of  
submission)  
Email: finaid@emory.edu

**A: EMORY UNIVERSITY STUDENT** This form is required because you reported more than one family member in college during the 2020-2021 academic year. Please complete a separate form for each sibling enrolled at a college or university.

<b>Student's Name:</b> _____	<b>Emory ID (EMPL):</b> _____
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My sibling, referenced in Section B,  will enroll at a post-secondary institution during the 2020-2021 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 INSTISTUTION 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. Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** When submitting documentation, please do not submit image files or photographs.

2020-2021 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 \_\_\_\_\_