EMORY UNIVERSITY

Sibling Enrollment Verification Form 2027-2028

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 2027-2028 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 ☐ will not be attending a post-secondary institution during the 2027-2028 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

Financial Aid Officer: 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.

2027-2028 Enrollment Status	☐ Undergraduate	☐ Graduate
	☐ Full-time ☐ Half-time	☐ Less than Half-time ☐ Not Enrolled
	☐ Degree	☐ Non-degree / Certificate
Expected Date of Graduation (month / year)		
Current Grade Level 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 _____

F_SIBV

Last Update 9/30/2026