

2016 – 2017 Sibling Enrollment Verification Form September 1, 2016 – May 22, 2017

Your 2016-2017 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.

statement below and forward this form to his or he			
*If the sibling attends Fairfield University, che	ck hereand fill in the sibli	ng's information be	low in Step 2.
STEP 1: To be completed by the Fairfield	University STUDENT.		
Name (Print Last, First)	Fairfield ID I	Number	Expected Graduation Year
*If the SIBLING will NOT be attending a co Fairfield University. You DO NOT need to	•	017 please check	here and send the form to
STEP 2: To be completed by the Fairfield	University student's SIBLIN	IG attending a co	llege/university.
Name (Print Last, First)		College/University ID Number	
Sibling's Signature	Date	Expected Gra	duation Year
If our office has not received confirmation of status has changed, your financial aid award II		er family members	
STEP 3: Must be completed by a COLLEGI 1. College/University Name	E ADMINSTRATOR at the co		attended by the SIBLING above.
Will the above named SIBLING be in the academic year September 1	enrolled AND matriculated	d in <u>a Title IV</u> eligi	
3. Will this SIBLING be enrolled AT L	EAST HALF TIME?	YESN	10
College Administrator Name (print) and S	llege Administrator Name (print) and Signature Date		
Please return this completed form to:			
Fairfield University - Office of Financial Aid 1073 North Benson Road Fairfield, CT 06824			
phone: 203-254-4125 email: finaid@fairfi	i <u>eld.edu</u> fax: 203-254-4008		OFFICE USE: SIBENR