Vassar College – Office of Student Financial Services
Sibling Enrollment Verification Form 2015-2016

Vassar College Student's Name: _____ **ID #**: _____

The purpose of this form is to verify the enrollment status of each child in your household currently enrolled in post-secondary education. Please have your sibling, or parent complete Section A, and submit the form to the Registrar, or Financial Aid Office at their school. The school named in Section A will fill out Section B, and return to Vassar College.

If your sibling is not enrolled in school, please indicate this by signing the statement below and then return the form to the Student Financial Services Office immediately.

My sibling is not currently enrolled at a college or university:_____
Vassar Student sign here if this applies to you

SECTION A **To be completed by Sibling attending college or Parent/Guardian**

_____ _____
Name of Student not enrolled at Vassar College **Sibling Student ID #**

is presently attending _____
Name of Institution

I grant permission to release the information requested in Section B.

_____ _____
Signature of Sibling in College or Parent/Guardian **Date**

Enrollment Verification

SECTION B **To be completed by Registrar or Financial Aid Office at sibling's school**

The student in Section A is enrolled: ( ) Full time ( ) Less than half time ( ) Half time ( ) Not enrolled

Program of study: ( ) Degree ( ) Certificate

Level of study: ( ) Undergraduate ( ) Graduate

Expected program completion date (Month/Year): _____

Dependency status: ( ) Dependent ( ) Independent **2015-2016 Cost of Attendance:$**_____

_____ _____
Signature of Certifying Official **Date**

_____ _____
Print Name of Certifying Official **Phone #**

_____ _____
Title of Certifying Official **e-mail**

Please return the completed form by **October 10, 2015** and mail or fax to:
Vassar College, Student Financial Services Office, 124 Raymond Avenue, Poughkeepsie, NY 12604-0008
Fax: (845) 437-5325