



# EMORY UNIVERSITY

## Sibling Enrollment Verification Form 2016-2017

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

Phone: 404.727-6039  
Fax: 404.727-6709  
Email: [finaid@emory.edu](mailto:finaid@emory.edu)

**A: EMORY UNIVERSITY STUDENT** This form is required because you reported more than one family member in college during the 2016-2017 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 2016-2017 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.

2016-2017 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 \_\_\_\_\_