

Sibling Enrollment Verification Form 2025-2026

University of Rochester Financial Aid Office

Complete section A and have your sibling complete section B. The form then needs to be sent to the Financial Aid Office at your sibling's college/university to complete section C and confirm their enrollment during the 2025-2026 academic year. The form is due to the University of Rochester's Financial Aid Office either via mail, email, or fax by **SEPTEMBER 5, 2025**. Students are responsible for confirming that their sibling's Financial Aid Office has returned the form to the University of Rochester by the deadline.

SECTION A:

UNIVERSITY OF ROCHESTER STUDENT INFORMATION

Student Name

UR Student ID

SECTION B:

SIBLING INFORMATION

Sibling's Name

Sibling's birth date

Choose one: sibling will () **ATTEND** () **NOT ATTEND** college during the 2025-2026 academic year.

College/University sibling will attend in 2025-2026

I authorize the above named college/university financial aid office to release the following information to the University of Rochester.

Sibling's Signature

Date

SECTION C:

SIBLING'S ENROLLMENT VERIFICATION – to be completed by the Financial Aid Office at the sibling's college/university. Please return completed form to the University of Rochester's Financial Aid Office by **SEPTEMBER 5, 2025**.

Program: () **DEGREE** () **CERTIFICATE** () **NON-DEGREE**

School Type: () **PUBLIC** () **PRIVATE**

Degree Level: () **UNDERGRADUATE** () **GRADUATE**

Enrollment Status: () **FULL TIME** () **HALF-TIME** () **LESS THAN HALF-TIME**

Expected Graduation Date: ____ / ____

Name of College/University Official (Please print)

Title

Date

Signature of College/University Official

Email

Phone Number

www.rochester.edu/financial-aid

Financial Aid Office, Box 270261, Rochester, NY 14627

Phone: 585.275.3226 Fax: 585.756.7664 Email: finaid@rochester.edu