

Sibling Enrollment Verification Form 2024-2025

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 2024-2025 academic year. The form is due to the University of Rochester's Financial Aid Office either via mail, email, or fax. 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 2024-2025 academic year.

College/University sibling will attend in 2024-2025

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.

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