COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Office of Financial Aid & Educational Financing
Enrollment Verification Form for Sibling/Family Members Attending College

The top portion of this form must be completed by the Columbia student and the family member attending college. The bottom portion must be completed by the financial aid office at the college attended by the Columbia student's sibling/family member.

Return this form to:

Columbia University
Office of Financial Aid & Educational Financing
100 Hamilton Hall, MC 2802
1130 Amsterdam Avenue
Columbia University
New York, NY 10027
(212) 854-8223 [Fax]

Deadline: **Friday, December 19, 2008.**

If the form is not returned by the deadline, we will assume that the family member is not enrolled, and the Columbia student's financial aid award (Columbia Grant funding) will be adjusted accordingly (reduced).

STUDENT and SIBLING/FAMILY MEMBER SECTION

Columbia Student Name _____ ID# (either C00… or SSN#) _____

Sibling/Family Member Name _____ ID# _____

College attended _____

I authorize the college named above to release my enrollment information to Columbia University.

Sibling/Family member signature _____ Date : _____

IF SIBLING NO LONGER ENROLLED

By sigining below I am certifying that my sibling/family member is not enrolled for the 2008-2009 academic year. I understand that this may effect my financial aid eligibility (reduce Columbia Grant).

Columbia Student Name _____ ID# (either C00… or SSN#) _____

Sibling/Family Member Name _____ ID# _____

Columbia student signature _____ Date : _____

FINANCIAL AID OFFICE SECTION

To be completed by the financial aid office at the sibling/family member's college.

Enrollment:

- ☐ Full Time
- ☐ Half Time
- ☐ Less Than Half Time
- ☐ Not Enrolled
- ☐ Undergraduate
- ☐ Graduate

Expected Graduation Date (mm/dd/yyyy): _____

Total Cost of Attendance (2008-2009 Full Acacdemic Year): $ _____

Financial Aid Officer : _____ Title: _____

Signature: _____ Date: _____