

VERIFICATION OF SIBLING ENROLLMENT FORM

TO: Parent of Financial Aid Recipients

FROM: Emory University Office of Financial Aid

The Office of Financial Aid at Emory University is in the process of reviewing awards for students who indicated on the Federal Application for Federal Student Aid (FAFSA) that there would be more than one family member in college during the 2009-10 academic year. These awards are reviewed because some siblings ultimately do not enroll, or enroll at an institution other than the one indicated. We verify the enrollment status of the siblings of our students to ensure that our funds are being equitably distributed.

We need your assistance in performing the verification process. Please forward the (see reverse side) ***Verification of Sibling Enrollment Form*** to each of your children enrolled at a college or university other than Emory (if the student's sibling also attends Emory, please indicate such below and return this form to the Emory Office of Financial Aid). Each sibling should complete Part A in its entirety and forward the form to the financial aid administrator at his or her institution. We suggest that you make a copy of both sides of this memo for your records before you forward it to your children.

The other schools must return the completed form(s) to our office as soon as possible. If an adjustment to the Emory University financial aid award becomes necessary as a result of the information collected, we will notify the student in writing.

Please contact our office if you have any questions concerning this verification process.

Thank you.

The following siblings are currently enrolled at Emory University.

| PRINTED NAME | SOCIAL SECURITY NUMBER |
|--------------|------------------------|
| | |
| | |
| | |
| | |
| | |

**VERIFICATION OF SIBLING ENROLLMENT FORM (CONT.)
2009-2010 ACADEMIC YEAR**

This document references Emory University Student:

Name: _____
ID#: _____

A. TO BE COMPLETED BY THE BROTHER/SISTER OF EMORY UNIVERSITY STUDENT

In order to verify information on my sibling's financial aid application, I authorize (name of institution) _____ to release the information below to the Office of Financial Aid-Emory University, 200 Dowman Drive, Boisfeuillet Jones Center Suite 300, Atlanta, GA 30322

(Please Print Your Name)

(Social Security Number)

(Signature)

(Date)

(Section below this line to be filled out by School Financial Aid Administrator Only)

To School Financial Aid Administrator:

The above referenced student is currently attending Emory University, and has indicated that he/she has a sibling attending your school. To verify this information, we request your assistance in completing the following questions pertaining to the sibling indicated in part A above.

Please return this document to our office as soon as possible. These actions are part of our overall effort to ensure that our financial aid resources are equitably distributed. Thank you for your assistance.

B. PLEASE COMPLETE THE FOLLOWING:

- 1) Current enrollment status (check one): ___enrolled___ **not enrolled** (if not enrolled, you may skip items 2-3; complete and sign part C and return to Emory)
2. Current year in school: _____ Student's expected date of graduation (MM/YY) _____/_____
3. Above named student is: _____ dependent _____ independent _____ did not apply for aid and is enrolled as reported by parent.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

(Signature and title of financial aid administrator)

(Date)

(Address)

(Phone Number)

**Please return completed form to: Emory University - Office of Financial Aid
200 Dowman Drive, Boisfeuillet Jones Center Suite 300, Atlanta, GA. 30322**