**Verification of Sibling Enrollment in College**

*2016-2017 Academic Year*

<table>
<thead>
<tr>
<th>Name of Marist College Student</th>
<th>CWID Number</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address of Marist College Student</th>
<th>Phone</th>
</tr>
</thead>
</table>

The Financial Aid award received by the above named family member attending Marist College was based on information from the family that more than one sibling is attending a post-secondary educational institution. The Office of Student Financial Services is responsible for verifying the enrollment status of the sibling(s) of the above named Marist College student. Please take a few moments of your time to complete Section A. You should then forward this form to the Registrar’s Office of that sibling’s school.

Failure to respond to this request may result in an adjustment to the Marist student’s financial aid award package. The net result may be a substantial increase in your parent contribution to meet educational expenses at Marist College. The adjustment will be retroactive to disbursements already applied to your student account.

**SECTION A – SIBLING STATEMENT** (Use a separate form for each institution)

<table>
<thead>
<tr>
<th>Sibling Name</th>
<th>School ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of College or University</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sibling Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**SECTION B: ENROLLMENT VERIFICATION** (To be completed by sibling’s school)

The student in Section A is presently enrolled (check one):

<table>
<thead>
<tr>
<th>Enrollment: Full Time</th>
<th>½ Time or more</th>
<th>Less than ½ time</th>
</tr>
</thead>
</table>

Program Type: Certificate Degree Date of Completion

Dependency Status: Independent Dependent

Is the student attending a Graduate School Yes No

Or

The student in Section A is:

<table>
<thead>
<tr>
<th>Not Enrolled</th>
<th>Enrolled in a non-Degree/Certificate Granting Program</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Certifying Official</th>
<th>Date</th>
</tr>
</thead>
</table>

Type or Print Name of Certifying Official

**Please mail form to:** Marist College • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601

**Please email form to:** studentfinancialservices@marist.edu

**Please fax form to:** (845) 575-3099