

Financial Aid Office
One Shields Avenue
(530) 752-2390

University of California
Davis, CA 95616-8596
financialaid.ucdavis.edu

VERIFICATION OF COLLEGE ENROLLMENT FOR SIBLINGS 2006-2007

Before we can recalculate your financial aid eligibility to include a sibling attending college, we must verify that your sibling is enrolled at least half-time in a degree-seeking program for the 2006-2007 academic year.

SECTION 1 (To be completed by *UC Davis student*)

Name: _____ Student I.D.# _____

My sibling (name), _____, will attend a postsecondary institution during the 2006-2007 academic year.

Your sibling **must complete Section 2** of this form.

SECTION 2 (To be completed by *sibling* of UC Davis student)

To verify information on my sibling's financial aid application, I authorize the institution in which I am enrolled to release the information requested (in Section 3 of this form) to the UC Davis Financial Aid Office (*address above*).

Signature of Sibling _____ Date _____

Please print your name _____ Student I.D. # _____

SECTION 3 (To be completed by the *Registrar* at the *sibling's* college)

Please assist the UC Davis Financial Aid Office by providing the following information for the student listed in Section 2. Return the completed form to the UC Davis Financial Aid Office (*address above*).

- ◆ Is the student enrolled in a degree or certificate program for the 2006-2007 academic year?
 Yes No
- ◆ Current enrollment status for the 2006-2007 school year:
 full-time half-time or more less than half-time not enrolled
- ◆ Expected month/year of graduation completion of program: _____ / _____

I certify that the information I have provided is accurate to the best of my knowledge.

Signature _____ Date _____

Name _____ Title _____ Phone _____

Institution _____ E-mail _____

Address _____