

Financial Aid Office  
 One Shields Avenue  
 (530) 752-6667  
 FAX: (530) 752-6667

University of California  
 Davis, CA 95616-8596  
[financialaid.ucdavis.edu](http://financialaid.ucdavis.edu)

## VERIFICATION OF COLLEGE ENROLLMENT FOR SIBLINGS 2011-2012

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 2011-2012 academic year. Verification is required to modify the number in college. If you are not selected for verification, please submit this form along with a 2011-2012 Verification Worksheet and a complete signed copy of your 2010 Federal Tax Return and your parent(s)'s (if dependent) 2010 Federal Tax Returns, including all schedules and forms. For details and further instructions, please review the 2011-2012 Verification Worksheet online at [financialaid.ucdavis.edu/undergraduate/Forms/ugforms3.html](http://financialaid.ucdavis.edu/undergraduate/Forms/ugforms3.html).

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

Name: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

My Sibling (name), \_\_\_\_\_, will attend a postsecondary institution during the 2011-2012 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 2011-2012 academic year?  Yes  No

Current enrollment status for the 2011-2012 academic year:  full-time  half-time or more  
 less than half-time  not enrolled

SCHOOL  
 STAMP OR  
 SEAL

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: \_\_\_\_\_