

Financial Aid and Scholarships
University of California, Davis
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Davis, CA 95616-8596

FAX: (530) 752-1587
financialaid.ucdavis.edu
my.ucdavis.edu/ask_us

VERIFICATION OF COLLEGE ENROLLMENT FOR SIBLINGS 2016-2017

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 2016-2017 academic year.

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

Name: _____ Student I.D. #: _____

My sibling (name), _____, will attend a postsecondary institution during the 2016-2017 academic year.

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

SECTION 2 (To be completed by the *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 and Scholarships Office.

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 provide the following information for the student listed in Section 2. Return the completed form to the UC Davis Financial Aid and Scholarships Office (*address above*).

Is the student enrolled in a degree or certificate program for the 2016-2017 academic year? Yes No

Current enrollment status for the 2016-2017 academic year: full-time half-time or more
 less than half-time

Expected month/year of graduation or completion of program: _____

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

SCHOOL
STAMP OR
SEAL

Signature: _____ Date: _____

Name: _____ Title: _____ Phone: _____

Institution: _____ Email: _____

Address: _____