INSTRUCTIONS FOR COMPLETING 2021-2022 SIBLING COLLEGE ENROLLMENT VERIFICATION FORM

DUE OCTOBER 15, 2021

• Download the form and have your sibling complete Section I.

• Send the form to the sibling’s College or University’s Financial Aid Office or Registrar’s Office. They will need to complete Section II.

• Your sibling’s College or University will return the completed form to the Financial Aid Office at Occidental College at the address specified on the form.

***ENROLLMENT VERIFICATION MUST BE FOR THE 2021-2022 ACADEMIC YEAR. WE DO NOT ACCEPT PRE-ENROLLMENT VERIFICATION.***

***IF YOUR SIBLING IS NO LONGER ENROLLED OR ENROLLED LESS THAN FULL-TIME, PLEASE NOTIFY OUR OFFICE IN WRITING AS SOON AS POSSIBLE, AS THIS MAY RESULT IN A LOSS OR REDUCTION OF FINANCIAL AID.***
Your 2021-2022 financial aid application indicated that you have a sibling attending college for the 2021-2022 academic year.

This form must be returned to the Occidental College Financial Aid Office by **October 15th**. If this form is not returned by the deadline, we will assume that your sibling is not enrolled as originally reported, and your financial aid award will be adjusted accordingly. If you require an extension, please contact our office.

**SECTION I - TO BE COMPLETED BY SIBLING OF OXY STUDENT**

Sibling’s Name _______________________________ ID # _______________________________

I authorize _______________________________ to release the information requested in Section II of this form to (Name of Sibling’s College)

Occidental College.

Sibling’s Signature ___________________________ Date ___________________________

**SECTION II - TO BE COMPLETED BY SIBLING’S COLLEGE/UNIVERSITY**

Please provide the following information regarding the student listed in Section I. Only provide information pertaining to the 2021-2022 academic year. Return the completed form via mail, fax, or scanned and emailed to the Occidental College Financial Aid Office.

1. **Enrollment Status**
   - [ ] Full-Time
   - [ ] Three-Quarters Time
   - [ ] Half-Time
   - [ ] Less than Half-Time (units _____)
   - [ ] Not Enrolled

2. **Program Type**
   - [ ] Undergraduate
   - [ ] Graduate (program type ________________)
   - [ ] Medical School (program type ________________)
   - [ ] Law School

3. **Expected Graduation Date** ___________________________

   Please stamp form to verify authenticity

   Form will be considered incomplete without an official stamp or embossed seal from the school. If you emboss with a seal, please return form by mail (embossed seals are not visible via fax).

School Official Name _______________________________ Phone Number _______________________________

Title ___________________________________________ E-Mail Address _______________________________

School Official Signature __________________________