

**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.**

SIBLING IN COLLEGE ENROLLMENT VERIFICATION

2021-2022

Occidental College - Financial Aid Office - 1600 Campus Road F-35 - Los Angeles, CA 90041
323.259.2548 (phone) - 323.341.4961 (fax) - finaid@oxy.edu - www.oxy.edu/financial-aid

STUDENT'S NAME: _____

OXY ID: _____

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 _____