INSTRUCTIONS FOR COMPLETING 2021-2022 SIBLING COLLEGE ENROLLMENT VERIFICATION FORM

DUE OCTOBER 15, 2022

- 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 2022-2023 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 2022-2023 financial aid application indicated that you have a sibling attending college for the 2022-2023 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 2022-2023 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 _________________

School Official Name _______________________________ Phone Number _______________________________

Title _______________________________ E-Mail Address _______________________________

School Official Signature _______________________________