INSTRUCTIONS FOR Completing 2020-2021 Sibling College Enrollment Verification Form

DUE AUGUST 18, 2020

- 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 2020-2021 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 2020-2021 financial aid application indicated that you have a sibling attending college for the 2020-2021 academic year.

This form must be returned to the Occidental College Financial Aid Office by August 18th. 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 2020-2021 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).