



2020-21 Sibling Enrollment Verification Form
Filing Deadline: December 15, 2020

1. Cornell Student Information

Name of Cornell Student _____ Cornell ID _____

Name of Sibling _____

Is s/he enrolled in college at least half-time during the 2020-21 academic year?

- Yes Please forward this form to your sibling to complete Section 2
No Please return to our office by either fax or online upload

2. Sibling of Cornell Student: Please complete this section and forward to your financial aid office.

Name (please print clearly) _____ Date of Birth _____ Name of Institution _____

I hereby authorize the college or university in which I am currently enrolled to release the information requested below to Cornell University in order to verify my sibling's financial aid application.

Signature _____ Date _____

3. Financial Aid Officer at Sibling's School: Please complete this section and return to Cornell.

A student at Cornell University has indicated that s/he has a sibling who is currently enrolled at your institution. To assist us in verifying our student's financial aid eligibility, we ask that you provide the information requested for the student at your institution who is named in section 2.

- Current enrollment status: [] Full-time [] 3/4-time [] Half-time
[] Less than half-time [] Not enrolled
Degree program: [] Undergraduate [] Graduate [] Non-degree
Dependency status: [] Dependent [] Independent
Expected graduation date: _____
Month Year

I certify that the above information is true and complete to the best of my knowledge.

Signature of College Official _____ Name _____ Date _____

Title: _____ Address: _____

Phone: _____

Return form via fax to (607) 255-6329 or secure online upload at <https://forms.finaid.cornell.edu>