

Suffolk University • Office of Financial Aid • 41 Temple Street • Boston, MA 02114
617-573-8470 • 617-720-3579 (fax)

2009-2010 Sibling Enrollment Verification Form

This form must be completed for *each* sibling of the Suffolk University student listed on the FAFSA as being a member of the household and attending college at least half time in an undergraduate degree or certificate program at a post-secondary institution eligible to receive federal funding. *Please complete a separate form for each sibling. You may make copies of this form as needed.*

This form must be completed and returned to Suffolk University by November 1, 2009

Section 1. Suffolk University Student: _____ **Student ID #:** _____

Section 2. To be completed by the sibling attending another college/university.

Print Student Name: _____ Student ID #: _____

Name of College/University attending in 2009-2010: _____

I authorize the above named College/University financial aid office to release the following information to Suffolk University.

Signature of sibling of Suffolk University student

Date

Section 3. To be completed by the financial aid office of the college/university listed in Section 2.

The student named in section 2 is enrolled:

_____ Full Time

_____ Half Time

_____ Less than Half Time

The student is enrolled in a

_____ Degree Program

_____ Certificate Program

_____ Non Degree Program

The student's status is

_____ Undergraduate

_____ Graduate

Student's anticipated date of graduation: _____

I certify that the information in Section 3 is accurate to the best of my knowledge.

Signature of the official completing this form: _____

Print Name and Title: _____

Phone Number: _____ Date: _____

Please return form to:
Suffolk University
Office of Financial Aid
41 Temple Street
Boston, MA 02114