

## **Fairfield University** Office of Financial Aid 2025 - 2026 Sibling Enrollment Verification Form September 2, 2025 - May 17, 2026

Your 2025-2026 CSS Profile indicates that one or more of your siblings are attending college/university. Please have your sibling sign the statement below and forward this form to his or her financial aid offi

|   | this form to his or her financ | an and office.        |
|---|--------------------------------|-----------------------|
| Fairfield Student:  |                                |                       |
| Fairfield Student Name:   |                                |                       |
| Fairfield ID Number:  |                                |                       |
| * If a sibling attends Fairfield University, check here and fill in the sibling's information below.  |                                |                       |
| To be completed by Sibling of Fairfie   | ld University Student:         |                       |
| In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Fairfield University |                                |                       |
| Sibling's Name:   |                                |                       |
| Name of Institution:  |                                | University ID Number: |
| Sibling's Signature:  |                                | Date:                 |
| * The SIBLING will NOT be attending a college/university in 2025-2026 (Check if Applicable).  |                                |                       |
| To be completed by a Financial Aid Officer or Registrar at your Sibling's institution:  |                                |                       |
| 2025-2026 Enrollment Status (please check   | k the relevant boxes):         |                       |
| Enrollment Status:  | Degree Level:                  | Dependency Status:    |
| ☐ Full-time   | Undergraduate                  | ☐ Dependent           |
| ☐ Half-time   | ☐ Graduate                     | ☐ Independent         |
| Less than half-time   | Certificate                    |                       |
| ☐ Not Enrolled  | ☐ Non-degree                   |                       |
| 2025-2026 Enrollment Dates: From  | to                             |                       |
| I certify that the above information is accurate to the best of my knowledge.   |                                |                       |
| Name:   | Date:                          |                       |
| Title:  | Email:                         |                       |
| College/University Name: Title IV Code:   |                                |                       |

NOTE: If our office has not received confirmation of your sibling's enrollment status by September 30, 2025, or your sibling's enrollment status has changed, your financial aid award will be adjusted to reflect fewer family members attending college, WHICH MAY RESULT IN A SIGNIFICANT REDUCTION TO YOUR UNIVERSITY AID.

Please return this completed form to:

Fairfield University- Office of Financial Aid 1073 North Benson Road Fairfield, CT 06824

E-mail <u>finaid@fairfield.edu</u> Phone (203) 254 – 4125 Fax (203) 254 – 4008

**OFFICE USE: SIBENR**