



Fordham University

Sibling Enrollment Confirmation Form 2018-19

A. Fordham Student Information

Name: _____ Fordham ID: _____

Name of sibling: _____

- will be attending a post-secondary institution. **Continue: to Section B.**
- will not be attending a post-secondary institution. **Stop here: Sign and return this form to Fordham University.**

Fordham Student's Signature

B. To be completed by sibling of Fordham 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 Fordham University.

Name of Institution: _____

Name	Signature	DOB	Date
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Please forward this form to sibling's financial aid office to have Section C completed.

C. To be completed by the Institution referenced in Section B

Dear Financial Aid Administrator,
 Fordham University student referenced in Section A has indicated on his/her financial aid application that she/he has a sibling who will be attending your institution during 2018-2019. Please complete the following information regarding the student in Section B and return to Fordham University.

Submit form by email to financialaid@fordham.edu or by fax to 718-817-3921

1. Expected graduation date	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> _____ Month </div> <div style="text-align: center;"> _____ Year </div> </div>
2. Current enrollment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Less than half-time <input type="checkbox"/> Half-time <input type="checkbox"/> Not enrolled
3. EFC for 2018-2019	\$ _____

I certify that the above-mentioned information is accurate to the best of my knowledge.

Name/Signature of Financial Aid Administrator	Date	Phone Number
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