

Fairfield University
 Office of Financial Aid
 2023– 2024 Sibling Enrollment Verification Form
 September 1, 2023– May 22, 2024

Your 2023, or your sibling's
 family members attending college, WHICH

OUR AID

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 Fairfield 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: _____

Siblings institution:

Enrollment Status:	Degree Level:	Dependency Status:
Full-time	Undergraduate	Dependent
Half-time	Graduate	Independent
Less than half-time	Certificate	
Not Enrolled	Non-degree	

From _____ to _____

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

Name: _____ Date: _____

Title: _____ Email: _____

Please return this completed form to:
 Fairfield University Office of Financial Aid
 1073 North Benson Road Fairfield, CT 06824
 E-mail finaid@fairfield.edu Phone (203) 254-4125 Fax (203) 254-4008 OFFICE USE: SIBENR