



**OXY FINANCIAL AID
SIBLING in COLLEGE
ENROLLMENT VERIFICATION
2011-2012**

*Occidental College ~ Office of Financial Aid ~ 1600 Campus Road ~ Los Angeles, CA 90041
323.259.2548 ~ 323.341.4961 (fax) ~ finaid@oxy.edu ~ www.oxy.edu/finaid*

STUDENT'S NAME: _____

OXY ID: _____
(New Students Leave Blank)

Your 2011-2012 financial aid application indicated that you have a sibling attending an undergraduate college at least half-time for the 2011-2012 academic year. Please complete Section I of this form and have your sibling's school complete Section II. The completed form must be returned to Occidental College Financial Aid Office at the address or fax number listed at the top of this form by **OCTOBER 15TH**. If the completed form is not returned to Occidental College by the deadline, we assume that the student's sibling is not enrolled as originally reported, and the Oxy student's financial aid award will be adjusted accordingly.

DEADLINE: OCTOBER 15th 2011
This form is meant to verify 2011-2012 college enrollment

Section I

(To be completed by Oxy student and their sibling)

Oxy Student Name _____

ID # _____

Sibling Name _____

ID # _____

I authorize _____ to release the information requested in Section II of this form
(Name of Sibling's College)
to Occidental College.

Sibling Signature _____

Date _____

Section II

(All fields on this form must be completed by the financial aid office at sibling's college.)

- Enrollment:** Full-Time
2011-2012 Half-Time
 Less than Half-Time
 Not Enrolled

- Program:** Undergraduate
 Graduate
 Medical School
 Law School

Expected Graduation Date _____

Financial Aid Officer _____
(print name)

Phone Number _____

Signature _____

**PLEASE STAMP/SEAL FORM TO
VERIFY AUTHENTICITY**

Form will be considered **incomplete** without an official stamp/seal from the school. If you emboss with a seal, please note that seals do not go through the fax.

Title _____

E-Mail Address _____

Date _____