Tulane University

2009-2010 SIBLING ENROLLMENT VERIFICATION

TO THE PARENTS OF:

Last 4 digits of Tulane Student's Social Security # _____

RETURN THIS FORM TO THE TULANE FINANCIAL AID OFFICE BY MONDAY, NOVEMBER 2, 2009.

Your financial aid application indicates that one or more of your siblings are attending college. Please have your sibling sign the statement below and forward this form to his or her financial aid office. If you have more than one sibling attending college, please duplicate the form and have each sibling complete one. If a sibling attends Tulane, check here ☐ and fill in the sibling's name and partial social security number below.

If our office has not received confirmation of your sibling's enrollment status by November 2, 2009, or if your sibling's enrollment status has changed, your financial aid award will be adjusted to reflect that fewer family members are attending college.

TO BE COMPLETED BY SIBLING ATTENDING ANOTHER COLLEGE:

I authorize the Financial Aid Office at _____ (name of college) to release the information requested to Tulane University Financial Aid Office.

_____ _____

Print sibling's name | Last 4 digits of Sibling's Social Security Number

_____ _____

Sibling's signature | Date

TO BE COMPLETED BY FINANCIAL AID OFFICE AT SCHOOL ATTENDED BY SIBLING:

2009-2010 Enrollment Status: _____ Undergraduate _____ Full-time
_____ Grad/Prof _____ Half-time
_____ Less than half-time
Expected Date of Graduation: _____ _____ Not enrolled

_____ _____

Financial Aid Officer's Signature | Date

_____ _____

Print Name and Title | Name of Institution

Return to: Financial Aid Office, Tulane University, New Orleans, LA 70118, Fax (504) 862-8750.