



TO THE PARENTS OF:

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

Tulane Student's Name

Tulane Student's ID (if known):

NOTICE TO TULANE STUDENT:

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, please 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 December 1, 2026, or if 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 AID.**

TO BE COMPLETED BY TULANE STUDENT'S SIBLING WHO IS ATTENDING ANOTHER COLLEGE:

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

Sibling's Signature

Date

Sibling's Name Printed

Last 4 Digits of Sibling's Social Security # OR Full School ID #

TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE SCHOOL ATTENDED BY THE SIBLING NOTED ABOVE (PLEASE RETURN THIS FORM TO THE TULANE FINANCIAL AID OFFICE BY NOVEMBER 15, 2025).

2026-2027 Enrollment Level:

____ Undergraduate
____ Graduate/Professional

2026-2027 Enrollment Status:

____ Full-time
____ Half-time
____ Less than half-time
____ Not enrolled

Expected Date of Graduation: _____

Financial Aid Officer's Signature

Date

Print Name and Title

Name of Institution

RETURN TO: To expedite the processing of this form, we ask that you submit the form as an email attachment to the Tulane University Financial Aid Office email fadocs@tulane.edu using the subject SIBLING ENROLLMENT.

Thank you!