

Financial Aid	2023-24 Sibling Enrollment Verification
TO THE PARENTS OF:	Last 4 digits of Tulane Student's Social Security #
Tulane Student's Name	Tulane Student's ID (if known):
statement below and forward this form to his or her fina	e of your siblings are attending college. Please have your sibling sign the incial aid office. If you have more than one sibling attending college, please If a sibling attends Tulane, please check here, and fill in the sibling's
	ng's enrollment status by November 15, 2023, or if your sibling's enrollment usted to reflect fewer family members attending college, WHICH MAY OUR AID.
TO BE COMPLETED BY TULANE STUDENT'S S	SIBLING WHO IS ATTENDING ANOTHER COLLEGE:
I authorize the Financial Aid Office at_ to release the information requested to the Tulane University	(print name of college) ersity Financial Aid Office.
Sibling's Signature	Date
Sibling's Name Printed	Last 4 Digits of Sibling's Social Security # OR Full School ID #
	O OFFICE AT THE SCHOOL ATTENDED BY THE SIBLING NOTED E TULANE FINANCIAL AID OFFICE BY NOVEMBER 15, 2023).
2023-2024 Enrollment Level:	2023-2024 Enrollment Status:
Undergraduate Graduate/Professional	Full-time Half-time Less than half-time
Expected Date of Graduation:	Not enrolled

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 <a href="mailto:fadocs@tulane.edu">fadocs@tulane.edu</a> using the subject SIBLING ENROLLMENT.

Date

Name of Institution

Thank you!

Financial Aid Officer's Signature

Print Name and Title