**Student Financial Services**
Dowling Hall, 419 Boston Avenue
Medford, MA 02155
Phone: 617-627-2000
Fax: 617-627-3987
Email: studentservices@tufts.edu

# 2017-18 Sibling Verification Form

## Deadline: September 15th, 2017

You indicated on your FAFSA or CSS Profile that other member(s) of your household will be pursuing a degree or certificate at a Title IV eligible college or university at least half-time in the 2017-18 school year. The number of siblings enrolled at an eligible college impacts your eligibility for financial aid. To verify this information, we need to confirm enrollment for each sibling. *If this form is not received by September 15th, we will assume that a sibling is not enrolled and aid will be reduced accordingly.*

**INSTRUCTIONS:** Student and sibling must complete Sections 1 & 2. **Section 3 must be completed by the school the sibling attends.**

**1. Tufts University student:**

Name _____ ID# _____

**2. Sibling attending college:**

Name _____ ID# _____

College/university attending in 2017-18 _____

I authorize the above-named college/university to release the below information to Tufts University.

Signature _____ Date_____

(Please forward this form to the sibling's college financial aid office for completion).

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**3. TO BE COMPLETED BY SIBLING'S FINANCIAL AID OFFICE (not by Tufts)**

The student named in Section 2 is enrolled: full time half time less than half time

Program: degree certificate non-degree

Dependency status on FAFSA: dependent independent

Are you a Title IV-eligible institution? yes no

Anticipated graduation date (month/year): _____/_____

2017-18 Budget $ _____ Total aid (not including parent loans) $ _____

Total Parent & Student Contribution (IM FC or FM EFC if IM not available) $ _____

| _____ | _____ | _____ |
|---|---|---|
| Name/Title | Signature | Date |
| _____ | _____ | |
| Email | ED code | |

**To expedite processing, please fax completed form to 617-627-3987.**