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

2020-21 Sibling Verification Form

Deadline: September 25th, 2020

You indicated that a sibling(s) will be pursuing an undergraduate degree or certificate at a Title IV eligible institution at least half-time during the 2020-21 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 the enrollment for each sibling with this form. Alternatively, you may request an Enrollment Verification Letter from your sibling's school. *If this form or enrollment verification is not received by September 25th, we will assume that your sibling is not enrolled and your financial 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 2020-21_____

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

Undergraduate program ☐ Graduate program ☐

Are you a Title IV-eligible institution? ☐ yes ☐ no

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

2020-21 Budget $ _____ Total aid (not including parent loans) $ _____

_____ _____ _____
Name/Title Signature Date

_____ _____
Email ED code

To expedite processing, please email completed form or enrollment verification to finaid@tufts.edu