

SIBLING ENROLLMENT FORM

INSTRUCTIONS

On your University Aid Application you indicated you have one or more siblings attending a postsecondary educational institution **between July 1, 2020 and June 30, 2021.**

-Complete section #1 and forward to your sibling's college or university for completion of Section #2. One form must be completed for each sibling.

- Failure to submit this form may result in the cancellation of institutional aid (tuition remission and/or university loans.)

University of Connecticut
Office of Student Financial Aid
Services
263 Farmington Ave Farmington,
CT 06030-1827

Phone: (860) 679-1364
Fax: (860) 679-1902
E-mail: sfada@uchc.edu
Website: health.uconn.edu/
financial-aid

FORMS MUST BE RETURNED BY November 6th.

Section 1: Student Information (To be completed by UConn student and sibling)

UConn Student Name: _____

Sibling Name: _____ Name of Institution: _____

I authorize and request _____ to release my 2020-2021 academic year enrollment information to UConn Health.

Sibling's Signature: _____ Date: _____

Section 2: School Certification **-** TO BE COMPLETED BY SCHOOL OFFICIAL ONLY****

Please verify the 2020-2021 ACADEMIC YEAR enrollment status of the student listed in Section #2 above.

I hereby certify that _____ is enrolled at _____.

Enrollment status: At Least Half Time Less than Half Time
 Undergraduate Student Graduate Student Medical/Dental Student

The student's expected graduation date is:
(month) _____ (year) _____

Registrar's Name: _____

Registrar's Phone #: _____

Registrar's Signature: _____

Date: _____

Stamp and Seal