

# BARNARD

BARNARD COLLEGE · COLUMBIA UNIVERSITY

## FINANCIAL AID

3009 BROADWAY  
NEW YORK, NY 10027  
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### SIBLING ENROLLMENT VERIFICATION FORM

Barnard Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please give this form to your sibling to sign. It must then be forwarded to his/her college's financial aid office for completion **AFTER** he/she has enrolled for the fall term.

I, \_\_\_\_\_ (sibling of a Barnard student), authorize the College/University which I will be attending in 2008-2009 to release the information requested below to Barnard College.

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### THE INFORMATION BELOW IS TO BE COMPLETED BY FINANCIAL AID AFTER ENROLLMENT FOR FALL 2008 TERM.

Student's enrollment status for Fall 2008:

Full time       Half time       Less than half time

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 Undergraduate       Graduate

Expected month and year of graduation: \_\_\_\_\_

Estimated total yearly cost (including tuition, room, board, books, etc.): \_\_\_\_\_

Is a parent contribution expected for this student?  Yes     No

Name and address of school certifying this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and title of official completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please affix your school's seal here:

Return this form to the address above. Please mail the original; faxes are not acceptable.