

BARNARD

BARNARD COLLEGE · COLUMBIA UNIVERSITY

FINANCIAL AID

3009 BROADWAY
NEW YORK, NY 10027
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WWW.BARNARD.EDU/finaid

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 2009-2010 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 2009 TERM.

Student's enrollment status for Fall 2009:

Full time Half time Less than half time

 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.