

COLUMBIA UNIVERSITY SCHOOL OF NURSING

VERIFICATION FORM FOR BROTHER(S)/SISTER(S)/SPOUSE IN COLLEGE OR GRADUATE SCHOOL

We are asking the registrars at colleges attend by our students' siblings to complete this form and return it directly to the Financial Aid Office at Columbia University. If we do not receive the form by September 28, 2012 we will assume that the sibling is not enrolled, and our student's financial aid will be adjusted accordingly.

To be completed by Columbia University student:

Student's Name _____ SS# xxx-xx- _____
(Please print or type)

Number of siblings enrolled in college _____
(Note: Complete a separate form for each).

To be completed by sibling:

Name _____ SS# _____
(Please print or type)

I authorize _____ to release my enrollment information
(Name of institution)
to the Financial Aid Office at Columbia University.

Signature of sibling _____ Date _____

To be completed by school for the above-named sibling:

Student's enrollment status: Full time _____ Half time _____
Part time _____ Not enrolled _____

Dates of enrollment: From _____ to _____

Expected month/year of graduation _____ / _____

Degree of certification sought _____

Name and address of school: _____

Signature _____ Date _____ Affix school stamp here.

Name and title _____

Please return form to:

**Office of Financial Aid
Columbia University School of Nursing
630 West 168th Street, Box 6
New York, New York 10032
(212) 305-8147**