

Verification Form for Siblings/Spouses enrolled in College

Cornell University, College of Veterinary Medicine student:

Student's name _____ CU ID# _____ Class of _____
(PLEASE PRINT OR TYPE)

Number of student's other family members (sibling/parent/spouse) enrolled in college

NOTE: Complete a separate form for each sibling/spouse. If we do not receive the form by **October 15, 2018**, we will assume that the spouse/sibling is not enrolled, and our student's financial aid will be adjusted accordingly.

Sibling/Spouse of College of Veterinary Medicine student:

Name _____ S.S./ID# _____
(PLEASE PRINT OR TYPE)

I authorize _____ to release my enrollment information to Cornell University.
NAME OF INSTITUTION

SIGNATURE OF SIBLING /SPOUSE

DATE

To be completed by SCHOOL REGISTRAR for the above-named sibling/spouse:

Student's enrollment status: Full time Half Time Less than Half Time Not Enrolled

time Dates of enrollment: from to

Expected month/year of graduation: _____

Degree or certificate sought: _____

Name and address of school: _____

SIGNATURE

DATE

Affix school stamp or seal here.

NAME AND TITLE (please print)

Please return this form to: Office of Financial Aid, College of Veterinary Medicine, S2009 Schurman Hall, Cornell University,
Ithaca, NY 14853-6401 FAX : 607-253-4095