

COOPER UNION
2018 – 2019
SIBLING VERIFICATION OF COLLEGE ENROLLMENT

RETURN TO FINANCIAL AID OFFICE

Your financial aid application indicates your sibling is attending college. Please have him/her sign the statement below and forward this form to his/her Financial Aid Office.

If our office has not received confirmation of your sibling enrollment status or if their enrollment status has changed, your financial aid award will be adjusted to reflect that fewer family members are in college.

Print Cooper Union Student's Name

Social Security Number

To be completed by Sibling

☐ I grant the Financial Aid Office at _____ permission to release the information below to the Cooper Union Financial Aid Office.

☐ My sibling is not attending college in **2018-2019**

Print Sibling Name

Social Security Number

Signature

Date

To be completed by Sibling Financial Aid Office

2018-19 Enrollment status: _____ Full-time _____ Less than Half-time
 _____ Half-time _____ Not Enrolled
 _____ Undergraduate _____ Graduate/Professional

Dependency status is: _____ Dependent _____ Independent
 _____ Not Determined

Expected Date of Graduation: _____ Cost of Attendance: _____

Financial Aid Officer's Signature

Date

Print Name and Title

Institution's Name

**Return to: Financial Aid Office, The Cooper Union, 30 Cooper Square, 3rd floor, New York, NY 10003 Or
Fax to 212-353-4193**