# 2022-2023 Verification of Sibling Enrollment

Washington University Student Name: _____________________________ ID Number: ____________

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate seeking program during the 2022-2023 academic year. Please have your sibling(s) complete section A of this form and then have section B completed by his/her financial aid office. Failure to return this completed form to the Washington University Student Financial Services office by October 1, 2022 could result in an adjustment to your 2022-2023 Washington University Scholarship award. If your sibling also attends Washington University in St. Louis, please complete section A and return form to Student Financial Services.

**Note:** A separate form must be completed for each sibling enrolled in college.

## A. To Be Completed By Sibling:

| Sibling Name: _________________________________ | Sibling ID Number: ____________________ |
| Sibling College or University: ____________________________________________________________ |

In order to verify information on my sibling’s Washington University financial assistance application, I authorize the institution in which I am enrolled to release the information requested to Washington University in St. Louis.

Sibling Signature: _________________________________________ Date: ___________________

## B. To Be Completed By The Financial Aid Officer or Registrar at Sibling’s College or University:

### 2022-2023 Enrollment Information:

| Status: | (  ) Full-Time | (  ) Half-Time | (  ) Less Than Half Time | (  ) Not Enrolled |
| Level: | (  ) Undergraduate | (  ) Graduate/Professional |

Is the student enrolled in a degree or certificate seeking program?  (  ) Yes  (  ) No

Is your college or university eligible to participate in the U.S. Federal Student Aid programs?  (  ) Yes  (  ) No

Expected date of graduation (month/year): _______/_______

I certify this information is accurate to the best of my knowledge

Printed Name: _________________________________ Title: _________________________________

Signature: _________________________________ Date: __________________________

Email Address: _________________________________ Phone: _______________________

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Please submit this form and supporting documents by uploading to your Net Partner Portal, available here: https://financialaid.wustl.edu/financial-aid-portal/

Washington University in St. Louis, Campus Box 1041, One Brookings Drive, St. Louis, Missouri 63130-4899  
(314) 935-5900, (888) 547-6670, Fax: (314) 696-0563, Email: SiblingEnrollment@wustl.edu, Website: financialaid.wustl.edu