

**COOPER UNION**  
**2023 – 2024**  
**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

\_\_\_\_\_   
Cooper Union Student ID 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 **2023-2024**

\_\_\_\_\_   
Print Sibling Name

\_\_\_\_\_   
Sibling's School ID Number

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

***To be completed by Sibling Financial Aid Office***

**2023-24** 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