



ACADEMIC YEAR 2023-24

**VERIFICATION FORM FOR SIBLING/SPOUSE
ENROLLED IN COLLEGE OR GRADUATE SCHOOL**

We are asking the registrars at colleges attended by our students' siblings or spouse to complete this form and return it directly to the Office of Student Financial Planning at Columbia University College of Physicians and Surgeons and the College of Dental Medicine. If we do not receive the form by **SEPTEMBER 30th**, we will assume that the sibling or spouse is not enrolled, and our student's financial aid will be adjusted accordingly.

TO BE COMPLETED BY COLUMBIA UNIVERSITY STUDENT:

Student's Name _____ (Please print or type) UNI _____
Program & Grad. Year _____
Number of siblings enrolled in college _____
(Note: Complete a separate form for each).

TO BE COMPLETED BY SIBLING/SPOUSE:

Name _____ (Please print or type) School ID # _____
I authorize _____ (Name of Institution) to release my enrollment information
to the Student Financial Planning Office at Columbia University.

Signature of Sibling or Spouse

Date

TO BE COMPLETED BY SCHOOL FOR THE ABOVE-NAMED SIBLING/SPOUSE:

Student's enrollment status **for 2023-24** 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 or seal
here.

Name and Title _____

Phone _____

Return to:

OFFICE OF STUDENT FINANCIAL AID & PLANNING
COLUMBIA UNIVERSITY VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS
COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE

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