



ACADEMIC YEAR 2024-25

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 2024-25 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