



2018–2019 Sibling Enrollment Verification

PLEASE FOLLOW THESE INSTRUCTIONS AND RETURN PAGE 2

- Complete the top of the form with your student ID and name.
- Forward the form to each sibling enrolled in another Title IV college or university. Your sibling(s) must complete and sign Section 2 .
- Your sibling(s) should then forward the form to the Registrar at his/her institution to complete. Provide college seal if applicable. Your sibling **should not** order a transcript from their institution.

YOUR FINANCIAL AID MAY BE REDUCED RETROACTIVELY AND YOU WILL
BE BILLED FOR AID WHICH YOU ARE NOT ELIGIBLE TO RECEIVE.

The completed form(s) must be returned to the Financial Aid and Scholarship Office.
If you have any questions, you may contact our office at (831) 459-2963.



UCSC Student's ID /Account Number (Do not use CRUZ ID)

UCSC Student's Last Name

First Name

2018–2019 Sibling Enrollment Verification

You reported on the 2018–2019 financial aid application that other family members (excluding parent[s]) will be attending a Title IV*college or a university at least half-time in a degree or certificate program in this award year. Please have the family member(s) fill out Section 2 (with a separate form for each additional family member), and then forward this form to the Registrar of the college your family member(s) will be attending. Do not include parent(s) in number in college. Do not include sibling(s) attending a U.S. Military Service Academy. If the Financial Aid and Scholarship Office does not receive this form, a hold will be placed on your financial aid account, and future funds will not disburse. If sibling is not attending college half-time or more, fill out Section 1 and skip Sections 2 & 3.

* Title IV: Public or private institutions of higher education located in the U.S. or its territories.

TO BE COMPLETED BY THE UCSC FINANCIAL AID APPLICANT (IF APPLICABLE)

If any of the following apply to you, check the appropriate box and return this form to our office. Do not complete Sections 2 & 3.

Section 1

My family member _____ will not attend college at least half-time between July 1, 2018 and June 30, 2019. My 2018–19 financial aid application will be updated to correct the number in college and my aid will be revised. I understand I may be billed for financial aid which I am not eligible to receive.

My family member _____ also attends the University of California, Santa Cruz.
name

Sibling UCSC Student ID/Account #

My family member _____ is not currently attending college, but will enroll at least half-time beginning _____ date
name

Note: Your aid will be revised to exclude them until you can provide a new, completed, and signed copy of this form.

TO BE COMPLETED BY THE FAMILY MEMBER WHO WILL ATTEND COLLEGE OTHER THAN UCSC DURING 2018–2019

(Use a separate form for each family member)

Section 2

Name of Family Member Relationship to UCSC Student

Title IV College Attending Date of Birth

Please release information concerning my registration status to the University of California, Santa Cruz.

Signature of Sibling Sibling E-mail Date

TO BE COMPLETED BY THE REGISTRAR OF THE TITLE IV COLLEGE LISTED IN SECTION 2

Section 3

1. Please verify the enrollment and program status of the person listed in Section 2 and return this form as soon as possible. Failure to return forms will delay or stop financial aid disbursement to the student. Thank you.

I certify that the individual indicated in Section 2 is **NOT** enrolled in a degree, certificate or transfer program.

OR

I certify that the individual indicated in Section 2 is enrolled in all or part of the quarter(s)/semester(s) checked below between July 1, 2018 and June 30, 2019.

2. Provide your federal school code: _____

3. Check appropriate box

PROGRAM
<input type="checkbox"/> Degree or Certificate (includes AA or Transfer Program)
<input type="checkbox"/> Masters/PhD

STATUS
<input type="checkbox"/> 1/2 time or more
<input type="checkbox"/> less than 1/2 time

TERMS
<input type="checkbox"/> Summer <input type="checkbox"/> Winter 2019
Check one (required): <input type="checkbox"/> header <input type="checkbox"/> trailer
<input type="checkbox"/> Fall 2018 <input type="checkbox"/> Spring 2019

Certified By: _____
Signature of Registrar

Date

University or College

Phone

