

# College Enrollment Verification

## 2025-2026

Student Name (please print)

Student ID (if known)

Your 2025-26 financial aid application indicated you have a sibling or spouse (if married) enrolled at least half-time in a 4-year undergraduate institution, **medical** school or **law** school.

In order for us to verify their enrollment, please complete the following by September 15:

1. Have your sibling/spouse complete Section 1.
2. Have your sibling/spouse's school complete Section 2, and follow the submission instructions noted below.
3. Complete this form **after** your sibling/spouse starts school for the 25-26 academic year. If you require an extension on this form, please reach out to our office no later than September 15.

By signing below, I acknowledge that if this form is not returned to Pitzer College by September 15, they will assume my sibling/spouse is not enrolled as originally reported and my financial aid will be adjusted accordingly.

Student Signature

Date

### 1. Sibling/Spouse Information & Certification

Sibling/Spouse Name: \_\_\_\_\_ Sibling/Spouse College ID: \_\_\_\_\_

I authorize \_\_\_\_\_ to release the information requested on Section  
(Name of Sibling's/Spouse's College)  
2 of this form to Pitzer College.

Sibling/Spouse Signature

Date

### 2. Sibling/Spouse School Certification

All fields in this section must be completed by the Financial Aid or Registrar's Office at the sibling's/spouse's college **after** the start of classes.

#### Enrollment Period

- ☐ Full Year  
☐ Fall Only  
☐ Spring Only

#### Enrollment Status

- ☐ Full Time  
☐ Three-Quarters Time  
☐ Half-Time  
☐ Less than Half-Time ( \_\_\_\_ units)  
☐ Not Enrolled

#### Program Type

- ☐ Undergraduate  
☐ Medical School  
☐ Law School

#### Submission Instructions

1. Submit via email to [financial\\_aid@pitzer.edu](mailto:financial_aid@pitzer.edu)
2. Handwritten signature is preferred.
3. If signed electronically, form must be sent from institution's official Financial Aid/Registrar email address.

First day of Classes: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Census Date: \_\_\_\_\_ Certifying Official/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certifying Official Signature

Date