College Enrollment Verification

2026-2027

Office of Financial Aid
1050 North Mills Avenue
Claremont, CA 91711-6101
909.621.8208
Fax: 909.607.1205
financial_aid@pitzer.edu

Student Name (please print) _____ **Student ID (if known)** _____

Your 2026-27 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 26-27 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
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 _____