
Student Name (please print)

Student ID (if known)

Your 2024-25 financial aid application indicated you have a sibling or spouse (if married) enrolled at least half-time in undergraduate institution, medical school or law school.

In order for us to verify their enrollment, please complete the following by September 30:

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 24-25 academic year.

If this form is not returned to Pitzer College by September 30, we will assume your sibling/spouse is not enrolled as originally reported and your financial aid will be adjusted accordingly. If you require an extension on this form, please reach out to our office no later than September 30.

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.

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
 Graduate
 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