

# College Enrollment Verification

**2019-2020**

\_\_\_\_\_  
**Student Name (please print)**

\_\_\_\_\_  
**Student ID (if known)**

Your 2019-2020 financial aid application indicated you have a sibling or spouse (if married) attending an undergraduate college at least half-time. Please have your sibling/spouse complete Section 1 and their school complete Section 2. Please sign Section 3; you will need to provide a handwritten signature. The form must be returned to Pitzer's Office of Financial Aid by **October 15**. If the completed form is not returned to Pitzer College by the deadline, we will assume your sibling/spouse is not enrolled as originally reported and your financial aid will be adjusted accordingly.

## 1. Sibling/Spouse Information & Certification

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

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

**Please stamp  
to verify authenticity**

Form will be considered incomplete without an official stamp or embossed seal. If you emboss with a seal, please return form by mail, as embossed seals are not visible via fax.

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

Certifying Official: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_  
*Certifying Official Signature*

\_\_\_\_\_  
*Date*

## 3. Pitzer Student Certification

I understand that if the information provided on this form changes or differs when verified, my financial aid may be subject to change. If my financial aid changes, I understand that I am responsible for any balance owed to my student account as a result of this change.

\_\_\_\_\_  
*Pitzer Student Signature*

\_\_\_\_\_  
*Date*