
Student Name (please print)

Student ID (if known)

Your 2022-2023 financial aid application indicated you have a sibling, or spouse (if married), enrolling at least half-time in undergraduate college, medical school or law school.

In order for us to verify their enrollment, please have your sibling/spouse complete Section 1 and their school complete Section 2 of this form. 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
(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: _____

Certifying Official: _____ Title: _____

Phone Number: _____ Email Address: _____

Certifying Official Signature

Date