

# College Enrollment Verification

## 2023-2024

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

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

Your 2023-24 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 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](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: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date