2025-2026 Sibling Enrollment Verification

According to information received by our office, other members of your family will be attending college at least half-time during the 2025-2026 academic year. Section A should be completed by the Oberlin student, Section B by the family member attending the postsecondary institution, and Section C by a Financial Aid representative of that institution. After Section C has been completed, the postsecondary institution should mail, email, **or** fax the form directly to the Office of Financial Aid at Oberlin.

Section A: Oberlin Student Information				
			Т	
Last Name [please print clearly]	First Na	ame N	MI OI	berlin ID Number
Address [include apt. #]				_
City	State	Zip Code	D	aytime Phone Number
Section B: Siblin	ng Informatio	n		
To verify my enrollment, I autho	orize the institutio	n in which I am en	rolled to release thi	s information to Oberlin.
Last Name [please print clearly] First Name Name			Name of 0	College/University
I □ do □ do not receive tuition remission or reimbursement from my parent's employer for my educational expenses.				
The amount of my tuition remission or reimbursement that will be provided for 2025-2026 is \$				
The amount of my taken rollie		omone triat will bo p	570 VIGOG 101 2020 20	
Family Member Signature [sibling of Oberlin student] Date				
Section C: Sibling's College/University				
Please provide the information requested for the student listed in Section B to assist us in our verification process.				
Expected Graduation Date (mo	onth/year)			
Current Enrollment Status:		☐ Half Time	_ □ < Half Time	☐ Not Enrolled
	Undergraduate	☐ Graduate		
,	J		■ Non-Degree s	seekiig
Dependency Status:	Dependent	☐ Independent		
Cost of Attendance for 2025-20)26 \$			
Is student receiving tuition waiv	er or employer re	eimbursement? 🗖	Yes ☐ No	
N	_		T. L	-
Name and Title [please print clearly]			Telephone o	or E-iviali