

# 2026-2027 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 2026-2027 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

\_\_\_\_\_  
Last Name [please print clearly]      First Name      MI      T  
Oberlin ID Number

\_\_\_\_\_  
Address [include apt. #]

\_\_\_\_\_  
City      State      Zip Code      Daytime Phone Number

## Section B: Sibling Information

To verify my enrollment, I authorize the institution in which I am enrolled to release this information to Oberlin.

\_\_\_\_\_  
Last Name [please print clearly]      First Name      Name of 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 2026-2027 is \$\_\_\_\_\_.

\_\_\_\_\_  
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 (month/year) \_\_\_\_\_

Current Enrollment Status:  Full Time       Half Time       < Half Time       Not Enrolled

Level of Study:       Undergraduate       Graduate       Non-Degree seeking

Dependency Status:       Dependent       Independent

Cost of Attendance for 2026-2027 \$ \_\_\_\_\_.

Is student receiving tuition waiver or employer reimbursement?  Yes  No

\_\_\_\_\_  
Name and Title [please print clearly]      Telephone or E-Mail

\_\_\_\_\_  
Signature      Date