

COOPER UNION
2020 – 2021
SIBLING VERIFICATION OF COLLEGE ENROLLMENT

RETURN TO FINANCIAL AID OFFICE

Your financial aid application indicates your sibling is attending college. Please have him/her sign the statement below and forward this form to his/her Financial Aid Office.

If our office has not received confirmation of your sibling enrollment status or if their enrollment status has changed, your financial aid award will be adjusted to reflect that fewer family members are in college.

 Print Cooper Union Student's Name

 Student's Last Four Digit of Social Security Number

To be completed by Sibling

I grant the Financial Aid Office at _____ permission to release the information below to the Cooper Union Financial Aid Office.

My sibling is not attending college in **2020-2021**

 Print Sibling Name

 Social Security Number

 Signature

 Date

To be completed by Sibling Financial Aid Office

2020-21 Enrollment status: _____ Full-time _____ Less than Half-time
 _____ Half-time _____ Not Enrolled
 _____ Undergraduate _____ Graduate/Professional

Dependency status is: _____ Dependent _____ Independent
 _____ Not Determined

Expected Date of Graduation: _____ Cost of Attendance: _____

 Financial Aid Officer's Signature

 Date

 Print Name and Title

 Institution's Name

**Return to: Financial Aid Office, The Cooper Union, 30 Cooper Square, 2nd Floor, New York, NY 10003 Or
 Fax to 212-353-4193**