2015-2016 Sibling/Spouse Enrollment Verification

Instructions: In reviewing your application(s) for financial aid we have identified some information that needs clarification. You indicated that more than one member of your household would be enrolled at least half time in post-secondary education during the academic year. Please complete Sections 1 and 2 of the following information regarding that household member and have their institution complete, sign, and return this form to Student Financial Services. If you have more than one sibling enrolled in college, you must submit a form for each sibling.

1. Print the name and identification number of the Northeastern University student.
   
   NU Student's Name__________________________________________ NU ID________________

2. Complete the following information for the sibling or spouse of the student listed above.
   
   Print Sibling/Spouse’s Name: ________________________________________________

   □ If this family member is NOT attending a post-secondary institution during the academic year, please check the box and return this form directly to Northeastern University Student Financial Services.

   Relationship to Northeastern University Student: ________________________________

   Institution attending: ______________________________________________________

   I hereby authorize the Office of Student Financial Services at the above-named institution to provide enrollment and financial aid information to Northeastern University.

   Signature of Sibling/Spouse: ________________________________________________

3. Send this form (with Parts 1 and 2 completed) to the Financial Aid Office of the sibling/spouse's institution.

   TO BE COMPLETED BY THE SIBLING/SPOUSE’S INSTITUTION:

   Enrollment Status:  □ Full Time   □ Part Time   □ Not Enrolled

   Dates of Enrollment: From: _______ To: _______   Expected Date of Graduation: _________

   Cost of Attendance: _____________________________________________

   Dependency Status:  □ Dependent  □ Independent

   Was Financial Aid Received?  □ Yes  □ No

   Signature and Title of School Official ___________________________________________

   Telephone Number and Email Address ____________________________________________

   Print Name ___________________________ Date _________________________