



Student Financial Services

2021-2022 Sibling Enrollment Verification Form

Due: October 8, 2021

Please return completed form to sfs@bates.edu

SECTION 1: BATES STUDENT MUST COMPLETE

Bates Student Name: _____ ID#: _____

SECTION 2: BATES STUDENT'S SIBLING MUST COMPLETE

In order to confirm the information on my sibling's financial aid application, I authorize my institution to release the requested information to Bates College.

Name of institution: _____

Sibling Name: _____

Sibling Signature: _____

Sibling Student ID#: _____

SECTION 3: FINANCIAL AID OFFICE/REGISTRAR OF SIBLING'S INSTITUTION MUST COMPLETE

Expected graduation date: _____ /20_____

For the **2021-2022** academic year, the student's enrollment status is:

- ☐ Full-time ☐ ½ time ☐ Less than ½ time
☐ Undergraduate student ☐ Graduate student

I certify that to the best of my knowledge the information provided above is accurate.

Certifying Official/Title: _____

Signature: _____ Date: _____