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: ____________________________