



Return this form to:
 Office of Financial Aid
 209 Maytum Hall
 Fredonia, NY 14063 P:
 (716) 673-3253
 F: (716) 673-3785
 Financial.aid@fredonia.edu

2023-2024 SIBLING/SPOUSE/DEPENDENT ENROLLMENT VERIFICATION FORM

I. STUDENT INFORMATION:

Student's Name _____

F# _____

You have reported on your 2023-2024 FAFSA that your sibling/spouse/dependent _____ attends the college/university of _____ **at least half-time** and **is a matriculating student** in an **eligible program** of study.

Your sibling/spouse/dependent **must sign** this authorization giving permission for their school to complete the form. Forward this form to his/her Financial Aid Office so that they may provide the information in the "FAO section" below.

X: _____
 (Signature of Student **NOT ATTENDING** SUNY Fredonia)

_____ Social Security Number

II. FAO Section:

Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid

To be completed by the Financial Aid Office only at _____:

For the **2023-2024** academic year, this student is considered, for financial aid purposes

to be:

1. Dependent Independent 2. Full Time Half-Time Less than Half-Time
3. Undergraduate Graduate 4. Degree Student Non-degree Student

 FAO Name and Title (Printed)

 DATE

 FAO Signature

 FAO Phone Number

 College Name

 College Title IV Code

 College Address



Important: FAO, please use your office stamp in the space above to certify completion of this form. Please return this form to the State University of New York at Fredonia, Office of Financial Aid, 209 Maytum Hall, Fredonia, NY, 14063. Fax# (716) 673-3785. Thank you.