

Financial Aid Services

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(607) 777-2428 FAX: (607) 777-6897
Student Services Wing-Room 109

<http://bingfa.binghamton.edu>

2009-10 Sibling College Enrollment Verification Form

Print Binghamton University Student's Name: _____

Binghamton University Student's Date of Birth: _____

Binghamton University Student's Banner ID: _____

On your **2009-10 Free Application for Federal Student Aid (FAFSA)**, you indicated that a sibling would be enrolled in an accredited college leading towards a degree or certificate. We must now verify that your sibling is registered for at least half-time enrollment at a college for the 2009-10 academic year. **DO NOT INCLUDE YOUR PARENT(S) IF THEY ARE ATTENDING COLLEGE.**

Complete the following information FOR ALL SIBLINGS ATTENDING COLLEGE for whom your parent(s) will provide more than half of their support for the period 07/01/09 through 06/30/10.

1) Sibling's name: _____ Date of Birth _____
Please Print

College attending in 2009-10 academic year: _____

2) Sibling's name: _____ Date of Birth _____
Please Print

College attending in 2009-10 academic year: _____

3) Sibling's name: _____ Date of Birth _____
Please Print

College attending in 2009-10 academic year: _____

4) Sibling's name: _____ Date of Birth _____
Please Print

College attending in 2009-10 academic year: _____

Both Binghamton Student and Parent must sign below:

We certify that the information provided on this form is true and correct to the best of our knowledge and, if it differs from the information provided on the FAFSA, we understand that it may result in a change in federal eligibility for funds.

Student Signature Date

Parent Signature Date