



2023-2024 Sibling Verification of Enrollment Form

Please use black or blue ink while filling out this form.

Student Last Name _____ Student First Name _____ SID

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Please check this box if you will be enrolled in the Summer 2023.

Complete Section A & B of this form and submit it to the Institution your sibling is currently attending. The Bursar/Registrar at your sibling's school must complete Section C.

SECTION A: LMU STUDENT INFORMATION

Mailing Address Street Apartment #

City State Zip Code

SECTION B: SIBLING INFORMATION

Name of Sibling Name of College/University

SECTION C: ENROLLMENT VERIFICATION (Completed by Sibling Institution's Registrar/Bursar)

Instructions to the Bursar/Registrar:

The student listed in **Section B** is/will be enrolled at your institution for the 2023-2024 academic year.

This verifies that the student listed in **SECTION B** is enrolled in a **degree or educationally recognized certificate program** at the eligible institution* indicated below, on **at least half-time** basis, during the 2023-2024 academic year for the following terms:

Fall 2023 _____ Winter 2023 _____ Spring 2024 _____

(Please indicate the number of units enrolled in per term)

STAMP VERIFYING SEAL HERE

*Institution is eligible to participate in Title IV programs

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Name and Title of School Official (printed) _____

School Official's Signature _____ Date _____

Print Form

How to Submit this Form:

Mail: **LMU Financial Aid**
1 LMU Drive, Suite 270
Los Angeles, CA 90045

Phone: **310.338.2753**
Fax: **310.338.2793**

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at financialaid.lmu.edu/upload

For Office Use Only:
RRAAREQ - SIBVER at R
Etriv - Sibling Verification Form

FAO Staff Initial _____
Date: _____