

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ SID \_\_\_\_\_

**Please check this box if you will be enrolled in the Summer 2018.**

Complete Section A & B of this form and submit it to the Institution your sibling is currently attending. The Bursar/Registrar at your siblings 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 Social Security Number 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 2018-2019 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 an **at least half-time** basis during the 2018-2019 academic year, for the following terms:

Fall 2018 \_\_\_\_\_ Winter 2019 \_\_\_\_\_ Spring 2019 \_\_\_\_\_  
 (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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**How to Submit this Form:**

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](http://financialaid.lmu.edu/upload)

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

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

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

FAO Staff Initial \_\_\_\_\_  
 Date: \_\_\_\_\_