



**Verification of College Enrollment
for Sibling 2026-27**

Dear Colorado College Student:

In your financial aid application process, you said that a sibling in your household would be attending college in the 2026-27 school year. To confirm the information you have provided, **this form must be submitted to Colorado College to verify your sibling's enrollment.** If there is a change in the information you provided on your application, we may revise your financial aid award. If this form is not submitted, it could jeopardize your eligibility for your financial aid award.

Section A (To be completed by you as the Colorado College student)

CC Student Name _____ CC Student ID# _____

Section B (To be completed by the Sibling of the Colorado College student)

I authorize the release of my enrollment information to the Colorado College Financial Aid Office.

Name of College _____

Name of student _____ SSN # _____

Signature _____ Date _____

Section C (To be completed by the Financial Aid Office at the college of the sibling in Section B)

We request your assistance with the following information for the student reported in Section B. Please return this form to our office as soon as possible since it is a requirement to determine eligibility for financial assistance for the Colorado College student listed in Section A. This process is part of our overall effort to ensure that our resources are distributed equitably.

2026-27 enrollment/degree status of your student listed in Section B:

Enrollment Status: 1.) At least half-time 2.) Less than half-time 3.) Not enrolled

Student is seeking degree as: 1.) Undergraduate 2.) Graduate

Expected Graduation Date: _____ **Total Cost of Attendance:** \$ _____

I certify that the above information is accurate to the best of my knowledge.

Signature _____ Date _____

Administrator's Name (Please Print) _____

Administrator's Title _____

Phone Number _____ E-mail address _____

Please return this form to:
Colorado College-Financial Aid Office
14 E. Cache la Poudre, Colorado Springs, CO 80903
719.389.6651 FAX 719.389.6173
financialaid@coloradocollege.edu