Newark, DE 19716-6740 Phone: 302-831-2126 Fax: 302-831-3041 Email: finaid-verif@udel.edu

2023-2024 Academic Year

Certification of Enrollment Status for Sibling or Spouse

Your Free Application for Federal Student Aid (FAFSA) indicates you have sibling(s), a spouse, or child(ren) who will be attending college during the 2023-24 academic year. This form must be completed for *each family member reported to be in college*. To be considered "in college" for the purposes of financial aid, family members must be enrolled at least half-time in an undergraduate program at a post-secondary institution eligible to receive federal funds. Notify SFS immediately of any changes to the educational plans of family members who were initially reported as "in college" as adjustments to financial aid eligibility may be necessary.

Please complete this document with the information of the UD student and other "in college" family member. The bottom section must be completed by the financial aid office where the other family member is enrolled. Submit the completed form via My SFS Docs: udel.verifymyfafsa.com/account/login.

Student Information										
Last Name		First Name			Middle		∕Iiddle	e Initial		
Permanent Address		City		State			ZIP			
UDID	Phone	D.O.B.		UD Email			@udel.edu			
Sibling / Spouse / Child Information										
Sibling/Spouse/Child Name			Student ID			D.O.B.				
College/University Attending 2023-24										
Relation to UD Student										
Please note that parents of dependent students cannot be counted as "in college" for the purposes of financial assistance. If a parent was included in the number in college reported on the FAFSA please notify SFS to make the necessary adjustments to your file.										
Certification										
I authorize the above named college/university to release the following information to the University of Delaware.										
Family Member Signature			Date							
To Be Completed by the Financial Aid Office at the Family Member's Institution										
Degree Level □ Undergraduate □ Graduate □ Enrollment □ Full-Time □ Half-Time □ Less than Half-Ti							n Half-Time			
Aid Applicant Status ☐ Independent ☐ Dependent ☐ Not an Aid Applicant										
Anticipated Graduation Date Total			l Budget Family Cont			ntribu	ibution (EFC)			
Name / Title of Financial Aid Officer				Phon				ne Number		
Signature of Financial Aid Officer							ate			