2026-2027 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 2026-27 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 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 2026-27		
Relation to UD Student ☐ Sibling ☐ Spouse ☐ Dependent Child		

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-Time
Aid Applicant Status ☐ Independent ☐ Dependent ☐ Not an Aid Applicant	
Anticipated Graduation Date	Total Budget	Family Contribution (EFC)
Name / Title of Financial Aid Officer		Phone Number

_____   _____
Signature of Financial Aid Officer   Date