



Office of Financial Aid
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2018-2019 SIBLING ENROLLMENT VERIFICATION FORM

On your application for financial aid, you reported that there will be more than one student enrolled in college during the 2018-2019 academic year. Section I of this form must be completed by the Rider student and the sibling who is also attending college. Section II must be completed by the financial aid office at the sibling's college and returned to Rider Financial Aid Office at the address or fax number listed at the top of the form.

Section I

(To be completed by Rider student and his/her sibling)

Rider Student Name: _____ Rider ID# _____

Sibling's Name: _____ Date of Birth: _____

Sibling's Social Security Number _____

I authorize _____ to release information requested in Section II
Name of Sibling's College
of this form to Rider University.

Sibling's Signature: _____ Date: _____
(Signature of student NOT attending Rider University)

Section II

(To be completed by financial aid office at sibling's college)

Student's enrollment status for 2018-2019 academic year:

☐ Full Time ☐ Half Time ☐ Less than Half Time ☐ Not Enrolled

Program enrollment: ☐ Certificate ☐ Degree ☐ Non-degree

Is student receiving Tuition Remission benefits? ☐ Yes ☐ No

For Federal Aid purposes, the student is viewed as: ☐ Dependent ☐ Independent

Expected Date of Graduation: _____

Financial Aid Officer: _____ Title: _____

Financial Aid Officer's Signature: _____ Date: _____