



# 2025-2026 SIBLING COLLEGE ENROLLMENT VERIFICATION

Office of Undergraduate Financial Aid

Chapman students enrolled in the 2024-25 academic year who have siblings who were enrolled at a university in the same year and will continue to be enrolled at another university in the 2025-26 academic year may use this form. Chapman students who were not enrolled in the 2024-25 academic year should not use this form.

## INSTRUCTIONS

Section A should be completed with your current Chapman University information.

Section B is to be completed by your sibling and needs to be signed by them. In some cases, their university may require additional authorization to release the requested information.

Once section A and B are completed, the form should be submitted to your sibling's university for Section C to be completed.

Once completed, you may submit this form to the Undergraduate Financial Aid Office. Submission of this form is not a guarantee that you will be eligible for additional financial aid.

## A. CHAPMAN STUDENT INFORMATION

LAST	FIRST	MI	ID NUMBER
EMAIL			PHONE

## B. TO BE COMPLETED BY SIBLING OF CHAPMAN STUDENT

I authorize my financial aid office to release my financial aid information to Chapman University for the purposes of determining the status of my sibling's financial aid appeal and offer. I further authorize my financial aid office to release additional financial aid information over the phone or via electronic means should Chapman University have additional questions or require clarification about the information submitted.

LAST	FIRST	MI	ID NUMBER / UNIVERSITY IDENTIFIER
COLLEGE ATTENDING IN 2025-26			SCHOOL CODE
STUDENT SIGNATURE			

## C. TO BE COMPLETED BY SIBLING'S FINANCIAL AID ADMINISTRATOR

The information provided below is ☐ Actual ☐ Estimated based on 25-26 FAFSA ☐ Estimated based on 24-25 Offer  
The student is considered: ☐ Dependent ☐ Independent by FAFSA definition ☐ Independent on Appeal/Override  
Degree Program: ☐ Undergraduate ☐ Graduate/Professional ☐ Non-Degree Seeking

2025-26 COA: \$ \_\_\_\_\_ 2025-26 Direct Costs: \$ \_\_\_\_\_

Grants & Scholarships		Amount	Self-Help		Amount
Grants & Scholarships		\$	Fed. Student Loan(s)		\$
Waivers / Benefits		\$	Private Student Loan(s)		\$

Financial Aid Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_