



2025-2026 Verification of Sibling Enrollment

Washington University Student Name: _____ ID Number: _____

Your financial assistance application stated you have a sibling(s) attending college at least half-time in a degree or certificate seeking program during the 2025-2026 academic year. Please have your sibling(s) complete section A of this form and then have section B completed by his/her financial aid office. Failure to return this completed form to the Washington University Student Financial Services office by October 1, 2025 could result in an adjustment to your 2025-2026 Washington University Scholarship award. If your sibling also attends Washington University in St. Louis, please complete section A and return form to Student Financial Services.

Note: A separate form must be completed for each sibling enrolled in college.

A. To Be Completed By Sibling:

Sibling Name: _____	Sibling ID Number: _____
Sibling College or University: _____	
In order to verify information on my sibling's Washington University financial assistance application, I authorize the institution in which I am enrolled to release the information requested to Washington University in St. Louis.	
Sibling Signature: _____	Date: _____

B. To Be Completed By The Financial Aid Officer or Registrar at Sibling's College or University:

2025-2026 Enrollment Information:	
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less Than Half Time <input type="checkbox"/> Not Enrolled	
Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate/Professional	
Is the student enrolled in a degree or certificate seeking program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your college or university eligible to participate in the U.S. Federal Student Aid programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected date of graduation (month/year): _____ / _____	
I certify this information is accurate to the best of my knowledge	
Printed Name: _____	Title: _____
Signature: _____	Date: _____
Email Address: _____	Phone : _____

Please submit this form and supporting documents by uploading to your Net Partner Portal, available here: <https://financialaid.wustl.edu/financial-aid-portal/>



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