Sibling In College Enrollment Review

UF ID ________________  Name ______________________________

Completion of this form indicates that your sibling will be pursuing a degree or certificate at a Title IV eligible institution at least half-time during the 2024-2025 academic year.

If your sibling also attends the University of Florida, please complete Section A only.

A. To Be Completed By Sibling:

I, ______________________, authorize a financial aid administrator at
(Sibling Name)
__________________________________________ to release my information to the University of Florida.

(Sibling’s Signature) __________________________ (Sibling’s ID Number) ___________ (Date) ___________

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

2024-2025 Enrollment Information

Student Degree Level: ( ) Undergraduate ( ) Graduate/Professional

Program Type: ( ) Degree ( ) Certificate ( ) Non-Degree

Academic Level: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) All Others

Enrollment Status: ( ) Full-Time ( ) Half-Time ( ) Less Than Half-Time ( ) Not Enrolled

Anticipated Graduation Date ________________

Total Cost of Attendance for Aid Year ________________

Total Amount of Grants and Scholarships Awarded for Aid Year ________________

Print Name and Title of Institution Representative __________________________
Signature/Date of Institution Representative __________________________

Institution Representative Email __________________________
Institution Representative Phone Number __________________________

Please upload this completed form with your University of Florida 2024-25 Financial Aid Revision Petition.