



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

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)

2025-2026 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 2025-26 Financial Aid Revision Petition.**