UF UNIVERSITY of FLORIDA
Division of Enrollment Management
Office of Student Financial Aid and Scholarships

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PO Box 114025
Gainesville, FL 32611-4025
352-392-2244
352-392-2861 Fax
www.sfa.ufl.edu

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 2026-2027 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:

2026-2027 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 Phone Number

Please upload this completed form with your University of Florida 2026-27 Financial Aid Revision Petition.