

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.