

Sibling Verification of Enrollment



Student Name _____ JCU ID _____

In order to review your appeal based on the number of family members attending school, this form must be completed and signed by an official at the attending institution for each individual family member for whom you pay tuition. Multiple copies of this form will be necessary if you pay tuition for more than one child.

Section A: Sibling Information (to be completed by sibling or parent)

To verify enrollment, I (or my representative) authorize the institution in which I am enrolled to release this information to John Carroll University.

_____	_____	_____
Last Name	First Name	Name of Institution
_____	_____	_____
Family Member Signature (student, if enrolled in post-secondary)	Date	

Section B: Sibling's Institution

Name of Institution _____

Please provide the information requested for the student listed in Section A to assist us in our verification process.

Expected Graduation (month/year): _____

Current Enrollment: _____ full time _____ half time _____ < half time _____ not enrolled

Type of Institution: _____ K-8 _____ High School
 _____ Public 2 year _____ Private 2 year
 _____ Public 4 year _____ Private 4 year
 _____ Enrolled in graduate program

Estimated out of pocket expenses (inclusive of loans) for family \$ _____

The information reported above is correct as of the date of my signature.

_____	_____
Name and Title	Email address
_____	_____
Signature	Date

Please return this form to:

John Carroll University, Student Enrollment and Financial Services
1 John Carroll Boulevard
University Heights, Ohio 44118
Fax 1-216-397-3098
Scan/Email to enrollment@jcu.edu