



LEHIGH UNIVERSITY®

2025-2026 Sibling Enrollment Verification Form

SECTION A. (TO BE COMPLETED BY LEHIGH UNIVERSITY STUDENT)

Name: _____ LIN: _____

My Sibling: _____ ☐ Will ☐ Will Not

be attending a post-secondary institution during the **2025-2026** academic year

*Continue to Section B if sibling *WILL* be attending a post-secondary institution. If not, return form to the address listed below.

SECTION B. (TO BE COMPLETED BY SIBLING OF LEHIGH UNIVERSITY STUDENT)

In order to verify information on my sibling's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Lehigh University.

Name: _____ SSN: _____

Institution Name: _____ ID Number: _____

Signature: _____ Date: _____

SECTION C. (TO BE COMPLETED BY INSTITUTION REFERENCED IN SECTION B)

The Lehigh University student referenced in Section A has indicated on her/his financial aid application that s/he has a sibling, referenced in Section B, who will be attending your institution during the **2024-2025** academic year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification.

Student Type: ☐ Undergraduate or ☐ Graduate

Program Type: ☐ Degree ☐ Certificate ☐ Non-Degree

Enrollment Status: ☐ Full-time ☐ At Least Half-time ☐ Less than Half-Time ☐ Not Enrolled

Expected Dates of Enrollment: _____ to _____

Expected Graduation Date: _____

Housing Status: ☐ On-Campus ☐ Off-Campus ☐ Commuter

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Print Name: _____

Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____