



Bentley University
Office of Financial Assistance
175 Forest Street
Waltham, MA 02452-4705
phone (781) 891-3441
fax (781) 891-2448

2019-2020 Sibling/Spouse Enrollment Verification Form

Bentley Student's Name: _____ Student ID: @ _____

This form must be completed for EACH sibling/spouse of a BENTLEY UNIVERSITY student who was listed on the CSS PROFILE and/or FAFSA as being a member of the household AND attending college at least half-time. Family members must be enrolled at least half-time in an undergraduate degree or certificate program at a post-secondary institution eligible to receive federal funds. Please note, if the confirmed enrollment below indicates a different status or institution than what was reported on the CSS PROFILE, Bentley aid may be adjusted.

This form must be completed and returned to Bentley University

1. To be completed by the sibling/spouse attending another college:

Print Name: _____ College/University ID # _____

Name of College/University attending in 2019-2020: _____

I authorize the above named college/university financial aid office to release the following information to Bentley University.

Signature of Sibling/Spouse of Bentley University Student _____ Date _____

2. To be completed by the financial aid office where your sibling/spouse attends school:

The student named in Section 1 is enrolled:

___ Full Time ___ Half Time ___ Less Than Half Time

The student's program is:

___ Degree ___ Certificate ___ Non-Degree

The student's status is:

___ Undergraduate ___ Graduate

If the student is in a graduate program, is parental data required to award institutional financial aid?

___ Yes ___ No Is a parent contribution calculated? ___ Yes ___ No

Anticipated date of graduation: _____

I certify that the information in Section 2 is accurate to the best of my knowledge.

Signature of official completing this form: _____

Print Name and Title: _____

Phone Number: _____ Date: _____

Please Return Form to:
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