

Sweet Briar, Virginia 24595 • (800) 381-6156 • Fax: (434) 381-6450 • financialaid@sbc.edu • sbc.edu

Dear Sweet Briar Student:

You reported in your aid application that more than one person in your household would be attending college in the 2023-2024 school year. This form serves to verify that information.

Please complete Section A of this form, and have the other person who is attending college complete Section B. Then return the form directly to us (do NOT send it to the other college). Sweet Briar College Financial Aid Office

SECTION A [To be completed by t	the Sweet Briar Colleg	ge student.]			
SBC student's name_				Social Security no	
	Last	First	M.I.		
SECTION B [To be completed by the complete of	the other person in th	e household who is atte	ending college.]		
Authorization					
I authorize the release	of my enrollment info	ormation to the Sweet I	Briar College Fina	ncial Aid Office.	
Name of my college					
Address				Date	e of Birth
My name				Social Security no	
	First	M.I.	Last	,	
Signature					Date// Month Day Year
•	the appropriate admii	nistrator of the college	reported in Sectio	on B.]	
Dear Administrator:					
soon as possible as th	e disbursement of fin	ancial assistance to the	Sweet Briar stude	ent reported in Section A	s document to our office as will depend upon receipt of d. Thank you for your coopera-
don.				Sweet Br	iar College Financial Aid Office
2023-2024 enrollmer	nt/degree status of st	udent in Section B:			
☐ Student is a candidate for a degree or certificate and is enrolled at least half time ☐ Student is a candidate for a degree or certificate and is enrolled less than half time				☐ Student is not a candidate for a degree or certificate ☐ Student is not enrolled	
CERTIFICATION I certify that the above	e information is accura	ate to the best of my kr	nowledge.		
Signature					Date//
					Month Day Year
Administrator's name				Title	
	First	M.I.	Last		
Address					