

## **Kean University**

## Office of Financial Aid 1000 Morris Avenue Union, NJ 07083

Phone 908-737-3190 Fax 908-737-3200

## 2022-2023 Verification of Sibling/Spouse/Child In College Form

Kean Student Name:	Kean ID #:
your parent's household (excluding yo the 2022–2023 Academic Year. The will attend this year must complete the	Verification Worksheet that another member(s) of your or ur parents) will be enrolled in college at least halftime for family member attending college and the school that s/he respective sections below. The school must then forward e of Financial Aid. Your file will remain incomplete until ember attending college.
Family Member in College	
Family Member's Name:	
Relationship to Kean Student:	
	Student ID #:
	Spring 2023 Summer 2023
I authorize the above-referenced institution for the 2022-2023 school year to Kean	ution to disclose my current or expected enrollment status University.
	Date:
School Certification (to be completed	by Financial Aid, Registrar, or other School Official)
This is to certify that the above-listed s term(s) and status(es) indicated below:	tudent is or will be enrolled at our institution for the
	ree-Quarter Time Halftime Less than H/T ree-Quarter Time Halftime Less than H/T Less than H/T 022-2023):
Fulltime Th	ree-Quarter Time Halftime Less than H/T
School Official's Name (print):	Title:
School Official's Signature:	
Name of Institution:	
Telenhone:	