



**International University of Nursing
2011-2012 Sibling Verification**

IUON Student Name _____ Social Security # _____

According to your 2011-2012 FAFSA application, you have other siblings in college next year. Please list their name(s), age(s), and the name of the institution(s) they will attend:

Name _____ Age _____ Institution _____ Full-time yes/no

Please attach photocopies of either their admission letter, course registration, or student account statement for next semester. **In the event you are unable to obtain any of these items, please obtain the official college seal over the signature of a financial aid officer at the college or university your sibling(s) plan to attend next year.**

Signature of Financial Aid Officer and Title _____

Institution Seal Date

Please return to:
IUON
Office of Financial Aid
460 West 34th Street 12th Fl, New York, NY 10001
212 947 8592 FAX