



EMORY UNIVERSITY

Sibling Enrollment Verification Form 2025-2026

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709 (Office preferred method of
submission)
Email: finaid@emory.edu

A: EMORY UNIVERSITY STUDENT This form is required because you reported more than one family member in college during the 2025-2026 academic year. Please complete a separate form for each sibling enrolled at a college or university.

Student's Name: Edric Nduwimana

Emory ID (EMPL): 267 8771

My sibling, referenced in Section B, ☐ will enroll at a post-secondary institution during the 2025-2026 academic year.
☐ will not be attending a post-secondary institution

B: TO BE COMPLETED BY THE SIBLING OF EMORY UNIVERSITY STUDENT

I authorize the institution at which I am enrolled to release the requested information to Emory University.

Sibling's Name Eben Nduwimana

Sibling's Signature [Signature]

Sibling's Student ID# 001001121

Name of Institution Kennesaw State University

Date 08/12/2025

C: TO BE COMPLETED BY SIBLING'S INSTITUTION REFERENCED IN SECTION B

Financial Aid Officer: Please complete the following information regarding the student listed in section B. Return this document to the Emory Office of Financial Aid as soon as possible. Documents requested by the Office of Financial Aid may be submitted via US mail, email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** When submitting documentation, please do not submit image files or photographs.

2025-2026 Enrollment Status

☒ Undergraduate

☐ Graduate

☒ Full-time

☐ Less than Half-time

☐ Half-time

☐ Not Enrolled

☒ Degree

☐ Non-degree / Certificate

Expected Date of Graduation (month / year)

05/2026

Current Year in School

5th year

Dependency Status

☒ Dependent

☐ Independent

Is the student an aid applicant?

☒ Yes

☐ No

I certify that the above information is accurate to the best of my knowledge.

Financial Aid Officer Name and Title _____

Financial Aid Officer Signature _____

Date _____

Institution Address _____

Phone Number _____