



Harvard Medical School

2015-2016 Sibling Enrollment Verification Worksheet

The application you submitted to the HMS Financial Aid Office indicated that you have/will have one or more siblings attending a postsecondary educational institution in 2015-16. This information must be verified for each sibling enrolled before your financial aid award(s) will be disbursed. **Please return this form to Harvard Medical School by October 1, 2015.**

Note: Complete this form only after your sibling has enrolled for the 2015-16 year. Failure to return this form may result in a reduction of your financial aid award(s).

Section A - Harvard Medical School Student Information

To be completed by HMS student

Name (Please print)

HUID

Section B - Sibling Information

To be completed by HMS student's sibling

Name (Please print)

Sibling's School ID #

Date of birth

I authorize _____ to release my enrollment information to
(Sibling's School) Harvard Medical School.

Sibling's Signature

Date

Section C - School Certification

To be completed by Registrar of Institution attended by sibling (after sibling has enrolled for 2015-16)

2015-2016 enrollment status: ____ Full-time ____ Half-time ____ Less than Half-time

Expected date of graduation: _____

Name of Institution: _____

City/State: _____

Registrar's Name (Please print)

Registrar's Signature

Date

*****Please Return To:**

**Harvard Medical School
Financial Aid Office
25 Shattuck Street, Rm. 211
Boston, MA 02115
Tel: (617) 432-0449
Fax: (617) 432-4308
Email: financial_aid@hms.harvard.edu**