



## 2016-2017 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 2016-17. 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, 2016.**

*Note: Complete this form only after your sibling has enrolled for the 2016-17 year. Failure to return this form may result in a reduction of your financial aid award(s).*

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### Section A - Harvard Medical School Student Information

*To be completed by HMS student*

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
HUID

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### 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

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### Section C - School Certification

*To be completed by Registrar of Institution attended by sibling (after sibling has enrolled for 2016-17)*

2016-2017 enrollment status: \_\_\_\_ Full-time \_\_\_\_ Half-time \_\_\_\_ Less than Half-time

Degree Program: \_\_\_\_\_

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](mailto:financial_aid@hms.harvard.edu)**