



HARVARD
MEDICAL SCHOOL

2026-2027 Sibling Enrollment Verification Form

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 during your attendance at HMS. 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, 2026**

Note: Complete this form only after your sibling has enrolled for the 2026-2027 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 (if assigned)

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 Harvard Medical School.
(Sibling's school)

Sibling's Signature Date

Section C - Postsecondary School

If sibling is expected to attend a college or university during the 2026-2027 academic year, please have the Registrar of the Institution attended by sibling complete this section:

2026-2027 enrollment status: ____ Full-time ____ Half-time ____ Less than half-time

Degree program: _____ Expected date of graduation: _____

Name of Institution: _____

Address: _____

Registrar's signature Date

*****Please email completed form to: financial_aid@hms.harvard.edu**