Harvard College Griffin Financial Aid Office
faoinfo@fas.harvard.edu

Verification of Sibling Enrollment 2026-2027

The bottom section of this form is to be completed by your sibling's educational institution (Financial Aid Office or Registrar). That office will then return the form directly to the Harvard College Griffin Financial Aid Office.

Harvard Student

Harvard Student First Legal Name: _____

Harvard Student Last Legal Name: _____

Email Address _____@college.harvard.edu

Sibling to be verified

Sibling's Name _____

☐ If this family member is <u>not</u> attending a post-secondary institution during the 2026-2027 academic year, please check the box and return this form directly to the Harvard Financial Aid Office.

Name of Institution _____

Sibling's Signature _____

In order to verify the information on my sibling's Harvard financial aid application, <u>I authorize the institution in which I am enrolled to release the information requested to Harvard College</u>.

<u>To be completed by the Financial Aid Officer or Registrar at your sibling's institution</u>

Please complete and upload to the Harvard College Griffin Financial Aid Office (link below)

Student's expected graduation date (month / year) _____/_____

2026-27 Enrollment status (please check the relevant boxes):

Degree:	☐ Undergraduate	☐ Graduate
Course Load:	☐ Part-Time	☐ Full-Time
Expected Enrollment:	☐ Half Year	☐ Full Year

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

Name _____ Date _____

Title _____ Email _____

Please upload the completed form here:
https://finaid.college.harvard.edu/register/siblingverification