



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 Name _____

Email Address _____@college.harvard.edu

Sibling to be verified

Sibling’s Name _____

If this family member is not attending a post-secondary institution during the 2024-2025 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, I authorize the institution in which I am enrolled to release the information requested to Harvard College.

To be completed by the Financial Aid Officer or Registrar at your sibling’s institution

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

Student’s expected graduation date (month / year) ____/____

2024-25 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://college.harvard.edu/sibling-verification-uploader>