



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

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**Harvard Student**

Harvard Student Name \_\_\_\_\_

Email Address \_\_\_\_\_@college.harvard.edu

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**Sibling to be verified**

Sibling's Name \_\_\_\_\_

If this family member is not attending a post-secondary institution during the 2019-2020 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.*

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**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) \_\_\_\_/\_\_\_\_

2019-20 Enrollment status (please check the relevant boxes)

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Full time | <input type="checkbox"/> Full year |
| <input type="checkbox"/> Graduate      | <input type="checkbox"/> Part-time | <input type="checkbox"/> Half year |

Cost of Attendance/Budget \$ \_\_\_\_\_

Total Grant/Scholarship Aid \$ \_\_\_\_\_

Parent Contribution \$ \_\_\_\_\_

Student Contribution \$ \_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

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Please upload the completed form here: <https://college.harvard.edu/sibling-verification-uploader>