



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.

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 2020-2021 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) ____/____

2020-21 Enrollment status (please check the relevant boxes)

- Undergraduate Full time Full year
 Graduate Part-time Half 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>