Verification of Sibling Enrollment  
2018-2019

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 2018-2019 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) _____/_____

2018-19 Enrollment status (please check the relevant boxes)

☐ Undergraduate ☐ Full time ☐ Full year

☐ Graduate ☐ Part-time ☐ 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 ____________________________

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