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.

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 below to Harvard College.

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

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 __________________________

Once complete, please upload here: https://college.harvard.edu/sibling-verification-uploader