



**2024-2025 Sibling Enrollment Verification Form**

The application you submitted to the HMS Financial Aid Office indicated that you have/will have one or more siblings attending a postsecondary educational institution during your attendance at HMS. This information must be verified for each sibling enrolled before your financial aid award(s) will be disbursed. **Please return this form to Harvard Medical School by October 1, 2024**

*Note: Complete this form only after your sibling has enrolled for the 2024-25 year. Failure to return this form may result in a reduction of your financial aid award(s).*

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**Section A - Harvard Medical School Student Information**

*To be completed by HMS student*

\_\_\_\_\_  
Name (Please print) HUID (if assigned)

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**Section B - Sibling Information**

*To be completed by HMS student's sibling*

\_\_\_\_\_  
Name (Please print) Sibling's School ID # Date of birth

I authorize \_\_\_\_\_ to release my enrollment information to Harvard Medical School.  
(Sibling's school)

\_\_\_\_\_  
Sibling's Signature Date

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**Section C - Postsecondary School**

*If sibling is expected to attend a college or university during the 2024-2025 academic year, please have the Registrar of the Institution attended by sibling complete this section:*

2024-2025 enrollment status: \_\_\_ Full-time \_\_\_ Half-time \_\_\_ Less than half-time

Degree program: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Registrar's signature Date

**\*\*\*Please email completed form to: [financial\\_aid@hms.harvard.edu](mailto:financial_aid@hms.harvard.edu).**