

SIBLING COLLEGE ENROLLMENT VERIFICATION FORM 2017-2018

INSTRUCTIONS:

To verify the enrollment of a sibling in college, please complete the Authorization section of this form and send it to the Registrar at his or her college.

Deadline for submission of completed form to WCM Financial Aid Office: **September 18th**

Enrollment information must pertain to the 2017-2018 academic year.

If WCM does not receive verification of sibling enrollment, your need for aid will be reviewed and financial aid will be adjusted.

AUTHORIZATION – To be completed by sibling of WCM student:

I, (print name) _____
authorize and request (**Name of Institution**) _____ to
release my 2017-2018 academic year enrollment information to **Weill Cornell Medicine** where my sibling
(WCM student) _____ is enrolled.

Signature of Sibling & School ID Number (if required)

Date

REGISTRAR CERTIFICATION - (Please include official school seal/stamp below) -**OR**- Provide National Clearing House Current Enrollment Certificate.

Enrollment information must pertain to the 2017-2018 academic year.

This is to confirm that _____ is enrolled at

Name of Institution

_____ Full-time _____ Half-time _____ Less than half-time

Expected date of graduation: _____ (month/year –do not leave blank)

Signature of Registrar

Date

Please return completed to:

Office of Financial Aid
1300 York Avenue, Room C-114
New York, NY 10065
Fax: 212-746-5981 or Email: finaid@med.cornell.edu



Processed: