

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 28th**

Enrollment information must pertain to the 2018-19 academic year.

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

NOTE: Sibling MUST be enrolled half time or more in order to be considered as a family member in college for financial aid review.

AUTHORIZATION – To be completed by sibling of WCM student:

I, (print name) _____
authorize and request (**Name of Institution**) _____ to release
my 2018-2019 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 2018-19 academic year.

This is to confirm that _____ is enrolled at

Name of Institution

____ Full-time ____ Half-time

Date: _____

***NOTE: Student MUST be enrolled at least “half-time” or more in order to be considered as a family member in college for financial aid review.**

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

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

