

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.

Enrollment information must pertain to the 2019-20 academic year. Due date for submission of completed form to WCM Financial Aid Office is **September 30th** - Forms submitted before this date are not acceptable – no exceptions.

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 2019-2020 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 2019-20 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 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: