

INSTRUCTIONS:

To verify the enrollment of a **full-time** sibling in college/professional school, please complete the authorization section of this form and send it to the Registrar at his or her college for completion.

Enrollment information must pertain to the 2020-21 academic year. Due date for submission of completed form to WCM Financial Aid Office is on **October 9th, 2020**- *Forms submitted without an official school seal will not be accepted.*

If WCM does not receive verification of sibling enrollment on specified date, your need for aid will be reviewed and financial aid will be adjusted for the corresponding academic year.

NOTE: Sibling MUST be enrolled in school **full-time 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 2020-21 academic year enrollment information to **Weill Cornell Medicine** where my sibling,
(WCM student's name) _____, is enrolled.

Signature of Sibling & School ID Number (if required)

Date

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

Enrollment information must pertain to the 2020-21 academic year

This is to confirm that _____ is enrolled at

Name of Institution

Status: _____ Full-time _____ Half-time

Expected date of graduation: _____ / _____ (Do not leave blank)

Signature of Registrar

Date

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

Please return to:

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

