



Sibling Enrollment Verification Form

Hofstra Northwell School of Medicine
 Office of Student Finance
 500 Hofstra University
 Hempstead, NY 11549-5000
 email: medicine.finaid@hofstra.edu
 phone: 516.463.7523
 fax: 516.463.7540

Students reporting full-time enrollment of a sibling or siblings as part of the financial aid application should complete this form. ***A separate form must be submitted for each sibling.*** Section one is to be completed by the student and sibling. Section two is to be completed by the sibling's college or university. ***NOTE:*** Failure to return this form may result in the adjustment of the financial aid award including a reduction in need-based scholarship or loan aid.

Section 1: STUDENT INFORMATION

Academic Year: _____

Year in school: MS1 MS2 MS3 MS4

Student Name: _____ 700 #: _____

Sibling Name: _____ ID #: _____
(College or university ID# issued by school)

I authorize _____ to release the information requested in Section 2 of
(Name of sibling's college or university)

this form to Hofstra Northwell School of Medicine.

Sibling's signature: _____ Date: _____

Section 2: ENROLLMENT VERIFICATION – SCHOOL CERTIFICATION

(To be completed by a representative in the office of the Registrar, Academic Records, or Financial Aid)

Name of institution: _____ Program: _____

Enrollment: Full Time Half Time Less than Half Time Not Enrolled
 Undergraduate Graduate
(Program in which the sibling is enrolled)

Expected graduation date (month/day/year): _____

Signature of Institution Representative

Date

Name/Title (please print)

Phone

****Please submit this form to the address listed above.****