



SIBLING COLLEGE ENROLLMENT VERIFICATION FORM

Student Financial Services (SFS)

1 Gustave L. Levy Place • Annenberg Rm 12-80, Bx 1002 • NYC 10029-6574
Phone: (212) 241-5245 • Email: studentfinancialservices@mssm.edu

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. **Your sibling can also login to the [National Student Clearinghouse](#)** and if their institution participates in the clearinghouse, they can download proof of enrollment immediately from the website directly. This may be faster than waiting for the registrar’s office.

Enrollment information must pertain to the 2024-25 academic year. The due date for submission to SFS is **October 9th** - Forms submitted after this date are not acceptable – no exceptions. If ISMMS does not receive verification of sibling enrollment, your need for aid will be adjusted.

NOTE: Sibling **MUST** be enrolled half time or more to be considered as a family member in college for financial aid review. Do **NOT** submit this form if your sibling has not yet been registered for **fall 2024**. Forms listing registration for spring 2024 will **NOT** be accepted and your need for aid will be adjusted.

AUTHORIZATION – To be completed by sibling of ISMMS student:

I, (print name) _____

Authorize and request (**Name of Institution**) _____ to
release my 2024-25 academic year enrollment information to **Icahn School of Medicine at Mount Sinai** where
my sibling (ISMMS student/Life #) _____ is enrolled.

Signature of Sibling & School ID Number (if required)

Date

REGISTRAR CERTIFICATION - (Please include official school seal/stamp below; form cannot be accepted without the seal/stamp) -OR- Provide National Clearing House Current Enrollment Certificate.

Enrollment information must pertain to the 2024-25 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 “half-time” or more in order to be considered as a family member in college for financial aid review

Please return this form to the Office of Student Financial Services via email at studentfinancialservices@mssm.edu or mail to address above.

SFS OFFICE USE ONLY: _____ Student Empower ID
Edited: Dec '23 DM