

Student Financial Services(SFS)

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Phone: (212) 241-5245 • Facsimile: (212) 876-4658 • 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.

Enrollment information must pertain to the 2020-21 academic year. The due date for submission to SFS is **September 30th** - Forms submitted before 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.

AUTHORIZATION – To be completed by sibling of ISMMS student:

I, (print name) _____
Authorize and request (**Name of Institution**) _____ to
release my 2020-21 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) -OR- Provide National Clearing House Current 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 “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.