

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.

Enrollment information must pertain to the 2021-22 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:

(print name)	
Authorize and request (Name of Institution)	to
release my 2021-22 academic year enrollment information	n to Icahn School of Medicine at Mount Sinai wh
my sibling (ISMMS student/Life #)	is enrolled.
Signature of Sibling & School ID Number (if required)	Date
REGISTRAR CERTIFICATION - (Please include official school Clearing House Current Enrollment Certificate.	ool seal/stamp below) -OR- Provide National
Enrollment information must pertain	n to the 2021-22 academic year
This is to confirm that	is enrolled at
Name of Inst	titution
Status:Full-timeHalf-time	
Expected date of graduation:/(Do	not leave blank)

*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 <u>studentfinancialservices@mssm.edu</u> or mail to address above.