



# Hamilton

**2020-2021 Sibling Enrollment Verification Form**  
Due: September 15, 2020

**HAMILTON STUDENT MUST COMPLETE**

Hamilton student's name: \_\_\_\_\_ ID# \_\_\_\_\_

**HAMILTON STUDENT'S SIBLING MUST COMPLETE**

*In order to confirm the information on my sibling's financial aid application, I authorize my institution to release the requested information to Hamilton College.*

Name of institution: \_\_\_\_\_

Sibling's name: \_\_\_\_\_

Sibling's signature: \_\_\_\_\_

**FINANCIAL AID OFFICE OF SIBLING'S INSTITUTION MUST COMPLETE**

<p>Expected graduation date: _____ /20_____</p> <p>For the <b>2020-2021</b> academic year, the student's enrollment status is:</p> <p style="text-align: center;"> <input type="checkbox"/> Full-time    <input type="checkbox"/> ½ time    <input type="checkbox"/> Less than ½ time  <input type="checkbox"/> Undergraduate student    <input type="checkbox"/> Graduate student </p>
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*I certify that to the best of my knowledge the information provided above is accurate.*

Name of certifying official: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form via:** Fax: 315-859-4962 • E-mail: scanned PDF file to [finaid@hamilton.edu](mailto:finaid@hamilton.edu)