



Hamilton

2021-2022 Sibling Enrollment Verification Form
Due: September 15, 2021

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 2021-2022 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>

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