



COLUMBIA UNIVERSITY  
IRVING MEDICAL CENTER  
*Vagelos College of  
Physicians and Surgeons*  
*College of Dental Medicine*

Office of Student  
Financial Aid & Planning

630 West 168th Street  
Black Building, Room 1-139  
New York, NY 10032  
212.305.4100 Tel  
212.305.0221 Fax

ACADEMIC YEAR 2022-23

**VERIFICATION FORM FOR SIBLING/SPOUSE  
ENROLLED IN COLLEGE OR GRADUATE SCHOOL**

[www.cumc.columbia.edu/  
student/finaid](http://www.cumc.columbia.edu/student/finaid)

We are asking the registrars at colleges attended by our students' siblings or spouse to complete this form and return it directly to the Office of Student Financial Planning at Columbia University College of Physicians and Surgeons and the College of Dental Medicine. If we do not receive the form by **SEPTEMBER 30th**, we will assume that the sibling or spouse is not enrolled, and our student's financial aid will be adjusted accordingly.

**TO BE COMPLETED BY COLUMBIA UNIVERSITY STUDENT:**

Student's Name \_\_\_\_\_ (Please print or type) UNI \_\_\_\_\_

Program & Grad. Year \_\_\_\_\_

Number of siblings enrolled in college \_\_\_\_\_

(Note: Complete a separate form for each).

**TO BE COMPLETED BY SIBLING/SPOUSE:**

Name \_\_\_\_\_ (Please print or type) School ID # \_\_\_\_\_

I authorize \_\_\_\_\_ (Name of Institution) to release my enrollment information  
to the Student Financial Planning Office at Columbia University.

\_\_\_\_\_  
Signature of Sibling or Spouse Date \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL FOR THE ABOVE-NAMED SIBLING/SPOUSE:**

Student's enrollment status for 2022-23 Full-time ☐ Half-time ☐  
Part-time ☐ Not Enrolled ☐

Dates of enrollment: From \_\_\_\_\_ to \_\_\_\_\_

Expected month/year of graduation: \_\_\_\_\_ / \_\_\_\_\_

Degree of certification sought \_\_\_\_\_

Name and address of school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Affix school stamp or seal here.

Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to:  
Office of Student Financial Planning  
College of Physicians & Surgeons  
College of Dental Medicine  
Columbia University  
630 West 168th Street, P&S Box 52-A  
New York, New York 10032