



**VERIFICATION OF SIBLINGS OR SPOUSE IN COLLEGE**

We are asking the Registrar's at colleges attended by our students' siblings or spouses to complete this form and return it directly to Boston University Medical Campus, Office of Student Financial Services by **OCTOBER 30, 2009** either by mail at the address above or by fax.

---

**TO BE COMPLETED BY BOSTON UNIVERSITY MEDICAL CAMPUS STUDENT:**

Student's Name: \_\_\_\_\_ BUID #: \_\_\_\_\_

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

(NOTE: You must complete a separate form for each sibling in college.)

---

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

I authorize \_\_\_\_\_ to release my enrollment information to Boston  
Institution Name

University Medical Campus, where my sibling or spouse named above is enrolled.

\_\_\_\_\_  
Sibling's/Spouse's Name                      Sibling's/Spouse's Signature                      Date

---

**TO BE COMPLETED BY INSTITUTION NAMED ABOVE:**

Student's enrollment status (circle one): full-time                      half-time                      less than half-time

Expected Graduation Date: \_\_\_\_\_

Name and Address of Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

\_\_\_\_\_  
Name/Title Official Completing Form                      Signature of Official Completing Form                      Date