

VERIFICATION OF STUDENT STATUS AND FINANCIAL ASSISTANCE

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

TO: (Name & address of educational institution)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my information.

Signature of Applicant/Tenant

Date

The above-named individual has applied for residency or is currently residing in housing development that requires verification of student status. Please provide the information requested below. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

Total scholarships, grants, etc. (public or private, excluding student loans) received is:

Amount

Beginning Date

Ending Date

Scholarships

Grants

Cost of Tuition

_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature

Printed Name

Date

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

