

# STUDENT VERIFICATION

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT APPLICANT/RESIDENT

### Educational Institution Information:

### Please Return Form To:

To: \_\_\_\_\_

To: \_\_\_\_\_

Attn: \_\_\_\_\_

Attn: Compliance/Resident Manager

Addr: \_\_\_\_\_

Addr: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I hereby authorize the release of my student information requested below.

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

The individual named directly above is an applicant/resident of a housing program that requires verification of student status for eligibility for residency. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

The above-named student is residing or has applied for residency in housing that requires verification of student status, tuition and financial aid. Please provide the information requested below:

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

Was the above-named student enrolled at this educational institution?  YES  NO

Date the student enrolled: \_\_\_\_\_ If so, part-time or full-time?  PART-TIME  FULL-TIME

Expected date of graduation: \_\_\_\_\_ Amount of Tuition: \_\_\_\_\_

Grants Received: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Scholarships Received: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

Signature

Date

Printed Name

Educational Institution

Title

Telephone Number

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