

## STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO: (Name & Address of Educational Institution) RE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Applicant/Tenant Name

FROM: (Name & Address of Owner/Management Agent)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student ID Number (if applicable): Unit Number (if assigned)

Contact \_\_\_\_\_ at ( ) \_\_\_\_\_  
 or by email at \_\_\_\_\_ if you have any questions.  
 Thank you for your prompt response. All information is confidential.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent. (NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)

\_\_\_\_\_  
 Signature of Applicant/Tenant

\_\_\_\_\_  
 Date

**THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION**

Please complete all information requested below. Write N/A if not applicable.

1. Student currently attends school (please circle one):      Full Time      Part Time      Not Currently Enrolled
2. If full time, the date the student enrolled as such:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Expected date of graduation:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Does student attend summer session?     Yes     No
5. Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program?     Yes     No
6. Total cost of tuition and required fees (do not include room and board)      \$\_\_\_\_\_
7. Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans):

	Source	Amount	Beginning Date	Ending Date
Scholarships		\$		
Grants		\$		
Work Study		\$		

I hereby certify that the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 City, State Zip

\_\_\_\_\_  
 Phone

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