

RE: \_\_\_\_\_  
Student Name Address of Student  
\_\_\_\_\_  
City, State, Zip

I hereby authorize release of my student status information.

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

Federal regulations require verifications for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY HIGHER EDUCATION INSTITUTION**

Student's Name: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Student is: Full time \_\_\_\_ Part-time \_\_\_\_ Current Number of Credit Hours: \_\_\_\_

Date of Entry: \_\_\_\_ Years Remaining to Complete Degree or Program: \_\_\_\_

**\*\*\*Documentation for tuition, fees, grants and scholarships must be attached.\*\*\***

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.