

RE: _____
Student Name Address of Student

City, State, Zip

I hereby authorize release of my student status information.

Signature _____ Date _____

State 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.