

Student Verification

This verification is being delivered in connection with eligibility for residency at:

Property Name _____
Property Address _____
Unit Number (if assigned) _____

Please direct any questions about this form to: _____ <Property Contact>
_____ <Title>
_____ <Phone>

I hereby grant the disclosure of the information requested below from: _____
Name of Institution

Signature

Date

Printed Name

Student ID #

Please return the form to :

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual is or will be a resident in housing that requires verification of student status.

Please provide the following information:

1. Is the above-named a student or have they applied to be a student at this educational institution? Yes or No
2. From January to December of this calendar year, have they been enrolled as a FULL-TIME student? Yes or No
If full-time, the student has been enrolled as FULL-TIME from _____ to _____ (months)
3. From January to December of this calendar year, have they been enrolled as a PART-TIME student? Yes or No
4. Expected date of graduation? _____

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

Signature

Date

Printed Name

Telephone

Title

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.