

# Student Status Verification

<b>THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT</b>					
This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:					
Property Name:					
I hereby grant disclosure of the information requested below from:					
				Name of Educational Institution	
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.					
Signature				Date	
Printed Name				Student ID#	
<b><i>The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year</i></b>					
<b>THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION</b>					
1.	Is the above-named individual a <i>current</i> student at this educational institution?				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the above-named individual been a student in any month in the calendar year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year: <small>(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)</small>					
	January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
4.	What is the cost of tuition and required fees per term?				
	How many terms does the student attend?				
5.	Has the student been given any financial aid?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>YES</b> , complete the following:		<b>Source</b>	<b>Amount</b>	<b>Beginning Date</b>
	Amounts Received under §479B HEA	<input type="checkbox"/> N/A			
	Other (e.g. grants/scholarships)	<input type="checkbox"/> N/A			

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.			
Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	