

STUDENT STATUS VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of student status. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

GENERAL INFORMATION

1. Is the above-named individual a student at this educational organization? Yes ____ No ____
2. If yes, which of the following applies (circle one): full-time part-time not currently enrolled other _____
3. The above statements apply to the _____ semester of the _____ / _____ school year
4. Date enrolled: _____
5. Expected date of graduation: _____
6. Is the student pre-enrolled for the next semester? Yes ____ No ____
7. Additional remarks:

Printed Name _____ Title _____ Name of educational institution _____

Signature _____ Date _____

Phone# _____ Email Address _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

