Student Status Verification

**Purpose:** Use this form to verify the student status (fulltime or part-time) of an applicant/resident at an educational institution.

**Note:** This form should be faxed or mailed to the educational institution. DO NOT allow the resident to hand carry this form. Be sure the educational institution completes all of the questions and identifying information.

**Special Mention:**
- As a courtesy, provide a self-addressed envelope.

**Specific Instructions:**
1. Enter property name.
2. Enter unit number.
3. Enter name of educational institution.
4. Obtain applicants/student’s signature.
5. Enter the date the applicant/student signed the form.
6. Print the applicants/student’s name.
7. Enter the student identification number.
8. Enter your property’s return address.
STUDENT STATUS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Status Verification is being delivered in connection with the undersigned’s eligibility for residency in the following apartment:

Property Name: (1) Unit: (2)

I hereby grant disclosure of the information requested below from: (3)

Name of Educational Institution

(4) Applicant/Student Signature (5) Date

(6) Applicant/Student Printed Name (7) Student Identification Number

Return Form to: (8)

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

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:

Is the above-named individual a student at this educational institution? □ YES □ NO
If so, part-time or fulltime □ PART-TIME □ FULLTIME

If fulltime, the date the student enrolled as such: ________________________________

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: ________________________________

Print your name: ________________________________ Telephone #: ________________________________

Title: ________________________________

Educational Institution ________________________________

NOTE: Section 1001 of Title 18 of 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.

www.wshfc.org/managers/forms-RC.htm
Student Status Verification Instruction | Rev. January 2009