

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: _____ **Unit:** _____

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

Applicant/Student Signature

Date

Applicant/Student Printed Name

Student Identification Number

Return Form to:

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.