## Student Status Verification

**Purpose:** Use this form to verify the student status (fulltime or parttime) 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				m·		(2)		
Thereby grant disclosu	Delow II OI		ame of Edu	cational In:	stitution			
					anno on Edd	oational in	Juluuon	
(4		(5)						
Applicant/Student Signature				Date				
(6)				(7)				
Applicant/Student Printed Name			Student	Identification Nu	ımber			
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.								
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 ind	lividual a stud	ent at this educat	ional instit	tution?		YES		NO
If an area there are fall the		DART TIME			_		_	
If so, part-time or fullting	ne 🗆	PART-TIME	☐ FC	JLLTIME				
If fulltime, the data the at	udent enrelled	aa ayab:						
If fulltime, the date the st	udent enrolled	as such.						
Expected date of gradua	tion:	_						
I hereby certify that the ir	nformation supp	plied in this section	is true and	complete to th	e best of	my knowl	edge.	
, ,				•		•	Ü	
Signature:				Date:				
Print your name:				- Telephone #	<del></del>			
•				_ 101001101101				
Title:								
Educational Institution								
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**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.