

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.

