STUDENT STATUS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT
This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:

Property Name:	

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

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature	Date
Printed Name	Student ID#

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 for calendar year _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION		
1.	Is the above-named individual a *current* student at this educational institution?	☐ Yes ☐ No
2.	Has the above-named individual been a student in any month in the calendar year?	☐ Yes ☐ No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?	☐ Yes ☐ No

If **YES** to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year:
(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January	☐ FT ☐ PT ☐ N/A	July	☐ FT ☐ PT ☐ N/A
February	☐ FT ☐ PT ☐ N/A	August	☐ FT ☐ PT ☐ N/A
March	☐ FT ☐ PT ☐ N/A	September	☐ FT ☐ PT ☐ N/A
April	☐ FT ☐ PT ☐ N/A	October	☐ FT ☐ PT ☐ N/A
May	☐ FT ☐ PT ☐ N/A	November	☐ FT ☐ PT ☐ N/A
June	☐ FT ☐ PT ☐ N/A	December	☐ FT ☐ PT ☐ N/A

4.	What is the cost of tuition and required fees per term?	_____
	How many terms does the student attend?	_____

5.	Has the student been given any financial aid?		☐ Yes ☐ No	
	If **YES**, complete the following:	Source	Amount	Beginning Date	Ending Date
	Amounts Received under §479B HEA ☐ N/A				
	Other *(e.g. grants/scholarships)* ☐ N/A				

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	