

STUDENT STATUS VERIFICATION

Name of Applicant/Tenant:	Property Name:	
	MSHDA #:	Unit #:
	Certification Effective Date:	

Consent to Release Information: I authorize verification of my enrollment information.

Applicant/Tenant Signature

Student ID #

Date

The above-named individual is applying to or currently participating in a housing program that requires verification of student eligibility status. The individual has signed the release above giving you permission to supply us with the information requested below. Please sign and return the completed form via mailing address or fax listed below.

Please return the completed form to *(list the property name, address, phone, fax, and email):*

THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

Institution of Higher Education: _____

The individual's **current student status** this semester is: ☐ Full-Time ☐ Part-Time ☐ Not a student

The current semester/term at this school is _____ (example: Winter 2015, Fall 2015)

Was the student enrolled as a full or part-time student at any time during this calendar year? ☐ Yes ☐ No

If yes, please list dates of attendance: _____

The individual has enrolled for the next upcoming semester as: ☐ Full-Time ☐ Part-Time ☐ N/A

The individual has been enrolled at this school since _____ (date)

Anticipated graduation date (month/year): _____

Vocational Training Program - Is the student enrolled in a vocational program at this institution that is funded under the Workforce Investment Act, Job Training Partnership Act, or other similar program funded under federal, state, or local laws? ☐ Yes ☐ No

If yes, please complete the following information:

Name of Program: _____ Program's Funding Source: _____

Name of Certification or Degree to be earned: _____

Costs of Attendance per Semester	Financial Assistance per Semester	
Number of Semesters/Terms per Year:	Please clearly mark if the assistance is from a source funded by the Higher Education Act (HEA) Part 479B, the Bureau of Indian Education, or from some other financial source.	
Tuition and Fees: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Books and Supplies: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Room and Board: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Other Necessary Fees: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Total Costs: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature of School Representative

Name of Educational Institution

Date

Printed Name

Title

Telephone #