

STUDENT 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 apartment:

Property Name: _____

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

Signature

Date

Printed Name

Student ID#

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 no, please list the **last month and year** the above-named individual was a student at this educational institution: _____

If yes, please indicate this student's full-time (FT) or part-time (PT) status for each month of the current **calendar** year of _____ .
(Please circle)

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

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: _____

Tel.#: _____

Title: _____

Educational Institution: _____

NOTE: Section 1001 of Title 18 of the 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.