

Verification of Student Status

This section shall 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 rental community:

Applicant/Resident Name: _____

Development Name: _____

Unit Number/Identification _____

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

 Signature

 Date

 Printed Name

 Student ID#

Return form to:

This section shall 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 instruction? ____ Yes ____ No

If so, part-time or full-time? ____ PART-TIME ____ FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

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

Signature: _____

Date: _____

Printed Name: _____

Telephone: _____

Title: _____

Educational Institution: _____