

GARFIELD COUNTY HOUSING AUTHORITY 1430 RAILROAD AVENUE, UNIT F RIFLE, CO 81650 (970) 625-3589 or (888) 627-3589 Fax (970) 625-0859 * TTY (800) 659-2656

VERIFICATION OF STUDENT STATUS

Housing Choice Voucher Program

| RE: | | XX-XXX- Last Four of Social Security Number | | |
|---|---|--|-------------------------|--|
| Student's name | | | | |
| Address City | ∮ | State | Zip | |
| TO WHOM IT MAY CONCERN: The individual named above has applied for or in Department of Housing and Urban Development verified by a third party. The individual has signed information. Please return this form at your earlier | nt. Federal regula ed below giving y | tions require stude ou permission to s | ent status to be | |
| RELEASE OF INFORMATION: | | | | |
| I hereby authorize | to | to release the information requested below: | | |
| Signature of Student | | Date | | |
| TO BE COMPLETED BY EDUCATIONAL FAC | ILTY: | | | |
| 1. The individual is enrolled at this institution: |] Full Time 🗌 Pa | art Time 🗌 Not en | rolled | |
| 2. Does this institution meet the definition of Hig | her Education [2 | 0 U.S.C. 1001 and | l 1002]? 🗌 Yes 🗌 N | |
| 3. Is the student enrolled for summer classes? 4. Does the student receive any of the following Scholarship(s) Educational Grant(s) Federal/Private Loans Work Study | \$ \$ \$ | | _ annually _annually | |
| Total Amount Awarded to Student: \$_ | | | | |
| Please provide the following information Cost for Tuition (not including books) Required fees Other (Specify): | : \$ \$ \$ | | | |
| I certify that the above information is true an | d correct: | | | |
| Name and Title of Official | Signa | ature of Official | Date | |
| Name of Academic Institution | | Telephone Number | | |
| Address of Institution | City | State | Zip Code | |
| Warning: Section 1001 of Title 18 of the United Sta and willingly makes false or fraudulent statements States is guilty of a felony. | | | | |