## 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: Project Name: Building Address: \_\_\_\_ Unit Number if assigned: I hereby grant disclosure of the information requested below from Name of Educational Institution Signature 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 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: 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.