



STUDENT STATUS VERIFICATION

Name of Applicant/Resident: _____	Program: Housing Choice Voucher Housing Specialist: _____
-----------------------------------	--

Consent to Release Information: I authorize verification of my enrollment information.		
_____	_____	_____
Applicant/Resident Signature	Student ID #	Date

THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

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.

Is the above-named individual a student at this educational institution? Yes No

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

The individual's **current student status** this semester is: Full-Time Part-Time N/A

Was the student enrolled as a full or part-time student at any time during this calendar year?

Yes No

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 Programs - 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 N/A

If yes, please complete the following information: Name of Program _____

Program's Funding Source _____ Name of Certification or Degree to be earned: _____

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 #

Please return the completed form to:
Aurora Housing Authority Housing Choice Voucher Program
 1449 Jericho Circle Aurora, IL 60506
 Fax: (630) 405-7208