



Full Time Student Verification

To Be Completed by Resident/Applicant

I, _____, hereby authorize the release of the requested information.

Signature: _____

Date: _____

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or currently living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only to determine eligibility or rent.

Name of Educational Institution: _____

Address: _____

The above referenced individual is _____ is not _____ a full-time student in good standing at this institution.

Information Provided by: _____ Title: _____

Telephone Number: _____

Date: _____

Once Completed, please fax back to the Housing Authority Indicated below.

Harlem Housing Authority Fax: 706-556-6418	Thomson Housing Authority Fax: 706-595-2953	Warrenton Housing Authority Fax: 706-465-2121	Crawfordville Housing Authority Fax: 706-465-2121