

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____

RE: _____
Name _____
Social Security Number _____

FROM/RETURN TO: _____

Thank you for your prompt response. All information is confidential.
Please contact _____
at _____ if you have any questions.

E-Mail: _____ Fax: _____

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY EDUCATION 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: _____

Signature

Printed Name

Date

Address/ City/State/Zip

Phone #

Fax #

E-mail

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.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____

Fax #: _____

Attn: _____