



1900 SE 4th Street
Gainesville, FL 32641
Tel: (352) 872-5500
Fax: (352) 872-5501

STUDENT ENROLLMENT VERIFICATION

Re: _____

Dear Sir/Madam:

Student Name / ID #

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

Thank you in advanced for your prompt attention to this matter. You may fax or mail the information to our office. If you have any questions, please feel free to call me.

Respectfully,

Name of Educational Institution: _____

Phone: _____ Fax #: _____

Address: _____

Check applicable space:

Reference individual is / is not (circle one) a full-time student in good standing at this institution.

Degree / Program completion date: _____

Remarks: _____

Verified by: _____ Title: _____

TENANT / APPLICANT RELEASE

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

Signature: _____ Date: _____