

**Exhibit F – Student Verification**

Property Information	
Property name:	Property Number:
Address and Unit number:	Date:

**This section should be completed by management and signed by the student applicant/resident.**

Educational institution information:	Please return form to:
To:	To:
Attention:	Attention:
Institution Name:	Email:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Student Authorization	
<b>I hereby authorize the release of my student information requested below.</b>	
Student Name:	Student ID #:
Student Signature:	Date:
<p>The individual named directly above is an applicant/resident of a housing program that requires verification of student status for eligibility for residency. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.</p>	

**This section is to be completed by the educational institution.**

Educational Institution Questionnaire	
The above-named student is residing or has applied for residency in housing that requires verification of student status, tuition, and financial aid. <b>Please provide the information requested below.</b>	
Is/was the above-named student enrolled at the educational institution listed above?	Yes No
If Yes, is/was the student enrolled in school part time or full time?	Part-time Full-time
Date student enrolled:	Expected date of graduation:
Is student participating in a program funded by the Workforce Innovation and Opportunity Act or similar program?	Yes No
Total cost of tuition and required fees (not including room and board):	\$
Total financial assistance including scholarships, grants, etc., per semester. (Public or private excluding student loans).	=

Student Funding Sources and Amounts Complete chart below			
Funding Type	Source	Amount	Frequency
Scholarships:		\$	
Grants:		\$	
Work Study:		\$	

Educational Institution Authorization	
I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.	
Signature:	Date:
Printed Name:	Educational Institution:
Title:	Telephone Number:

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.