



SCHOOL VERIFICATION

RE: _____
Student Name

TO:

Case Name: _____

Case Number/
CAT/SEQ: _____

To whom it may concern:

Please provide the following information on the above named student. This information will be used in a determination of eligibility for Public Assistance. A signed authorization for release of this information appears below. Thank you for your cooperation.

Office Address / Phone Number:

Signature

Title

Unit

Date

AUTHORIZATION TO RELEASE SCHOOL INFORMATION

I hereby authorize _____ to release the following information to the Department of Children and Families:

Signature

Relationship to child

Date

SCHOOL INFORMATION

1. ENROLLMENT: Full Time Part Time No Record of Current Enrollment

2. GRADE LEVEL: _____ BIRTHDATE: _____ SCHOOL DISTRICT: _____

3. STUDENT CURRENT ADDRESS: _____

4. If the above named student is attending high school, please indicate his or her expected graduation date: _____

5. COMMENTS: _____

Signature

Title

Date