

SCHOOL VERIFICATION

	RE:
TO:	Student Name
	Case Name:
	Case Number/
	CAT/SEQ:
To whom it may concern:	
Please provide the following information on the above nare determination of eligibility for Public Assistance. A signed a below. Thank you for your cooperation.	
Signature	
Title	
Unit Date	
AUTHORIZATION TO RELEASE S	SCHOOL INFORMATION
I hereby authorize	to release
the following information to the Department of Children and Far	milies:
Signature Re	elationship to child Date
SCHOOL INFORM	MATION
1. ENROLLMENT: Full Time Part Tim	ne No Record of Current Enrollme
2. GRADE LEVEL: BIRTHDATE:	SCHOOL DISTRICT:
3. STUDENT CURRENT ADDRESS:	
If the above named student is attending high school, please indicate his or her expected graduation date:	
5. COMMENTS:	
Signature	Title Date