



# SCHOOL VERIFICATION (VERIFIKASYON NAN DOSYE LEKÒL)

RE: \_\_\_\_\_  
Student Name (Non Elèv)

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

## OTORIZASYON POU BAY ENFÒMASYON SOU DOSYE KI NAN LEKÒL (AUTHORIZATION TO RELEASE SCHOOL INFORMATION)

Nan fòm sa a, mwen bay otorizasyon \_\_\_\_\_  
pou bay *Department of Children and Families* enfòmasyon annapre yo:

\_\_\_\_\_  
Siyati (Signature)

\_\_\_\_\_  
Relasyon avèk timoun nan (Relationship to child)

\_\_\_\_\_  
Dat (Date)

## SCHOOL INFORMATION (ENFOMASYON SOU DOSYE KI NAN LEKÒL LA)

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