



Providing Homes, Creating Community, Changing Lives

Student Status Verification

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

Tell Us About Your School - Please complete the top portion only and take to your school to complete the rest.

Institution Name	Institution Fax #	Institution Phone #
Institution Address		
Student Name	Head of Household Name	
Student Social Security #	Student Date of Birth (MM/DD/YYYY)	

Consent to Release Information: My signature below authorizes verification of my enrollment information.

_____ Date _____
Applicant/Participant Signature

The above Applicant/Participant is applying to/participating in a housing program that requires verification of student status. The individual has signed a release above giving you permission to supply us with information requested. The information provided will remain confidential.

Attention Educational Institution: Please fill out the information below as completely as possible and return to Boulder Housing Partners via fax (303-302-1658) or email (hcv@boulderhousing.org) or mail (4800 Broadway, Boulder, CO 80304).

Is the above-named individual a student at this educational institution? Yes No

If yes, the student's status is: <input type="checkbox"/> Part time <input type="checkbox"/> Full time	Date Enrollment Began	Expected Graduation Date
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Please provide a breakdown of total tuition for this student:

Fall Semester 20_____	Spring Semester 20_____	Summer Semester 20_____
\$	\$	\$

Please provide a breakdown of financial aid received by this student:

Type of Financial Aid Awarded to this Student	Fall Semester 20____	Spring Semester 20____	Summer Semester 20____
Grants/Federal/State Aid (include Colorado Opportunity Fund aid, if any)	\$	\$	\$
Scholarships	\$	\$	\$
Loans	\$	\$	\$
Work Study	\$	\$	\$

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Institution Representative

Title

Date

Print your name

Telephone #

