

Housing Choice Voucher Department

Student Status Verification

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

Tell Us About Your	Scho	Ol - Please complete	the top portion	on only a	and take to yo	our school to complete the rest.	
Institution Name				Institution Fax #		Institution Phone #	
Institution Address							
Student Name			Head of Ho	Head of Household Name			
Student Social Security #			Student Dat	Student Date of Birth (MM/DD/YYYY)			
Consent to Release Information	n: My si	gnature below author	izes verificatio	n of my	enrollment ir	nformation.	
Applicant/Participant Signature Date							
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?							
		Date Enrollment Began	Yes N		Expected Graduation Date		
Part time		Date Enrollment Began		Expected Graduation Date			
Please provide a breakdown of total tuition for this student:							
Fall Semester 20		Spring Semes	ster 20	20		Summer Semester 20	
\$		\$		\$			
Please provide a breakdown of financ	ial aid rece	ived 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. matter within its jurisdiction.	Code makes	it a criminal offense to make w	villful, false statemer	nts of misre	presentation to an	y Department or Agency of the U.S. as to any	
Signature of Institution Representative			Title	Title Date			
Print your name			Telephone #				



