

STUDENT VERIFICATION

Student name: _____ ID #: _____

SSN: _____ Date of Birth: _____ Ph # _____

_____ Full time status letter for _____ Fall _____ Spring _____ Both
_____ Schedule for current term

Mail to: _____

I give my permission to release my social security number to the party indicated above.

_____ Yes _____ No (must mark one)

Student signature

Date