

STUDENT FINANCIAL AID / WORK STUDY VERIFICATION REQUEST

Case Name:

Case Number:

Worker Name:

Address of School

Date:

Student Name:

Student SSN:

I authorize the release of information requested below regarding my financial aid/work study for the _____ to _____ school year.

Student Signature: _____ Date: _____

Student is enrolled: 1/2 Time or More Less than 1/2 Time

FINANCIAL AID

<u>Award Type</u>	<u>Date Received</u>	<u>Total Amount</u>	<u>Contains Title IV Funding</u>	<u>Dates Intended to Cover</u>
_____	_____	_____	() Yes () No	From _____ To _____
_____	_____	_____	() Yes () No	From _____ To _____
_____	_____	_____	() Yes () No	From _____ To _____