Greeley Housing Authority/Weld County Housing Authority PO Box 130 Greeley, CO 80632 Fax 970-346-7690 www.greeley-weldha.org

## STUDENT STATUS VERIFICATION

I grant the Greeley/Weld Housing Authorities permission to make inquiries regarding my student status. I understand this information will be used only for program purposes.

Student Name\_\_\_\_\_\_ SS # \_\_\_\_\_\_

Signature	Date	
Γο be completed by College Representative		
Name of Educational facilty:	_	
Date of enrollment:	Full-time student YES NO	
Credits enrolled for	Anticipated Completion date	
Signature of authorized representative	Title	
Telephone Number	Date	
		_
To be completed by High School Represen	ntative:	
Name of High School:		
Anticipated Graduation date		
·		
Signature of authorized representative	Title	
Telephone Number	Date	

Return form to student or directly to the Housing Authority as listed above.