SCHOOL VERIFICATION
(COMPROBANTE DE ESCOLARIDAD)

Clear

RE: _____
Student Name (Nombre del alumno)

TO:

Case Name: _____

Case Number/
CAT/SEQ: _____

To whom it may concern:

Please provide the following information on the above named student. This information will be used in a determination of eligibility for Public Assistance. A signed authorization for release of this information appears below. Thank you for your cooperation.

Office Address / Phone Number:

_____
Signature

_____
Title

_____ _____
Unit Date

AUTORIZACIÓN PARA PROPORCIONAR INFORMACIÓN SOBRE ESCOLARIDAD
(AUTHORIZATION TO RELEASE SCHOOL INFORMATION)

Por la presente autorizo a _____ a proporcionar la siguiente información al Departamento de Niños y Familias:

_____ _____ _____
Firma (Signature) Parentesco con el niño (Relationship to child) Fecha (Date)

SCHOOL INFORMATION (INFORMACIÓN SOBRE ESCOLARIDAD)

1. ENROLLMENT: ☐ Full Time ☐ Part Time ☐ No Record of Current Enrollment

2. GRADE LEVEL: _____ BIRTHDATE: _____ SCHOOL DISTRICT: _____

3. STUDENT CURRENT ADDRESS: _____

4. If the above named student is attending high school,
please indicate his or her expected graduation date: _____

5. COMMENTS: _____

_____

_____ _____ _____
Signature Title Date

Distribution of Copies: Original – To School
Copy – To Case File