



# SCHOOL VERIFICATION FOR K-12 STUDENTS

Submit this form with your application or recertification to verify the legal guardian for K-12 students in your household. **Only submit this form if you cannot easily get documents as proof.**

## APPLICANT

Please print or type. Asterisks (\*) mark required responses.

Applicant's full name\* Last four of your SSN  
as on your social security card, if you have one  I don't have one

School name\* - complete a separate form for each K-12 school

## STUDENT'S INFORMATION

List every K-12 student in your household who attends this school. Use two sheets if needed.

Student's full name* as on their social security card, if they have one	Date of birth* month/day/year
1.	
2.	
3.	

## YOUR SIGNATURE

By signing below, you are authorizing the school listed above to release the information requested by DCHA.

Applicant's signature\* Date\* month/day/year

**STOP HERE, AND GIVE THIS FORM TO THE SCHOOL.**  
The school should complete, sign, and return the form to you. Once they do, **submit this form with your application.**

## SCHOOL OFFICIAL

DC Housing Authority needs to verify the students' school records.

School official's full name\* Job title\*

Phone number - if you have one Email address - if you have one

## SCHOOL RECORDS

Parent/guardian's name* Who enrolled the student?	Student's home address* Where does the student live?

## SIGNATURE AND SEAL

The information herein is complete and correct to the best of my knowledge.

School official's signature\* School seal:

Date\* month/day/year