



Education and Training Verification

The individual named below is a student at your institution and has applied for child care services. To determine eligibility for such services, it is necessary to document their enrollment at your program.

This form should be completed by an official at the educational institution and returned to the student. Please note that the student is requested to sign below authorizing your release of this information.

By signing below, I certify that I approve of the release of the above requested information.

Signature of Student _____ Date: _____

Name and Address of Institution

Institution Name:

Street Address: _____ City: _____ State: _____ Zip: _____

Name and Address of Student

Name:

Street Address: _____ Apt.: _____ City: _____ State: _____ Zip: _____

Course/ Training Information

Vocational Goal:

Enrollment: Start Date: _____ End Date: _____

Projected Final Completion Date: _____

Student's daily attendance schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
From								Total Hours
To								

Credits Current Semester:

Is student pursuing a degree? Yes No If "Yes" what type of degree? Associate Bachelor

Preparer's Name: _____ Title: _____

Phone: _____ Email: _____

Preparer's Signature _____ Date: _____