



76 Stevenson Drive
Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
doover.housingauthority@dhade.org *email*

SCHOOL ENROLLMENT VERIFICATION

Last Grade

Completed:

School:

Name:

Address:

Address:

Date of Birth

S. S. N.:

Date

To Whom It May Concern:

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

Sincerely,

Occupancy Department

I/We authorize the release of the below information to the Dover Housing Authority.

Date:

Signature of Head:

1. Is he/she currently enrolled? Date enrolled:

2. Course of Study:

3. Is he/she a full-time student? If not, describe status:

School:

Signature:

Title:

Date:

Fax: