

CITY OF GARDEN GROVE HOUSING AUTHORITY

VERIFICATION OF SCHOOL ATTENDANCE POST HIGH SCHOOL (COLLEGE) EDUCATION

RE:		
Student Name		Student ID No. / Social Security No.
I hereby authorize the Housing Authority.	at the requested information	below be provided to the Garden Grove
Signature of Student		Date
*********	***** TO BE COMPLETED BY	INSTITUTION ******************
This is to certify that	the above-named student is e	enrolled as:
☐ Full-time	☐ Part-time	☐ Not enrolled
If part-time, how ma	ny units:	
Date of enrollment w	vas/is: Anti	cipated completion date is:
Does the student red aid?	ceive financial] No
Did the student comp	plete the previous semester in	n full-time status (excluding summer)?
☐ Yes	□ No	☐ Not enrolled
Name of Authorized	Representative/Title	Telephone Number
Signature of Authoriz	zed Representative	Date
Name of Educational Institution		*** OFFICIAL STAMP ***
Please mail this fo	rm directly to:	
Attn:	, Housing Specsing Authority	cialist
P.O. Box 3070		
Garden Grove, CA	フ ∠04∠	