



M-19F Verification of Student Status

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

RE: _____

Student Name

Address of Student

I hereby authorize release of my student status information.

Signature _____ Date _____

Federal regulations require verifications for all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

RETURN FORM TO: _____ Fax #: _____

E-mail: _____

THIS SECTION TO BE COMPLETED BY HIGHER EDUCATION INSTITUTION

Students Name _____

Name of Institution _____

Address of Institution _____

Is student - Full time _____ Part-time _____ Current Number of Credit Hours _____

Date of Entry _____ Years Remaining to Complete Degree or Program _____

*****Verification for tuition, fees, grants and scholarships must be attached.*****

Authorized Representative Signature _____

Printed Name _____ Date _____

Title Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.