



Worker No. _____

Request for School Verification

This authorizes you to release information to the Iowa Department of Human Services. Please complete the information statement and return it. Make a photocopy for your records. If you have any questions, call collect, if necessary, at the phone number listed below. Thank you for your assistance.

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Date Sent:
From:

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Phone:
Email:

Re: _____

Please provide the requested information regarding school enrollment for the period _____ to the Iowa Department of Human Services. I release you from liability for disclosing this information even if it is confidential. This permission stops _____.

Signature	Date
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- A. Confirm whether or not the above named student was or is enrolled in your school as of the dates listed. Yes No
- B. Grade of student during the period identified above. _____
- C. Is or was the student considered full time or part time?
- D. What was or is the student's resident address? _____
Date address verified _____
- E. Who was or is listed as the responsible relative for this student? _____
- F. State names and addresses of all other persons to notify in case of an emergency for this student.

- G. If the student is, or will be 18 and a senior, when will the student complete the high school program requirements? _____

Signature of Person Providing Information	
Title	Date