

Verification of Student Status

This section shall be completed by management and executed by student.

This Student Verification is being delivered in connection with the undersigned’s eligibility for residency in the following rental community:

Applicant/Resident Name: _____
Development Name: The Lakes at San Marcos
Unit Number/Identification _____

I hereby grant disclosure of the information requested from: _____
Name of Institution

Signature _____ Date _____
Printed Name _____ Student ID# _____

Return form to: The Lakes at San Marcos
4768 Woodville Highway
Tallahassee FL 32305
P: 850-942-1002 F: 850-942-4002

This section shall be completed by educational institution.

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational instruction? ___ Yes ___ No

If so, part-time or full-time? ___ PART-TIME ___ FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____
Printed Name: _____ Telephone: _____
Title: _____
Educational Institution: _____