



Name of Head of Household _____

STUDENT VERIFICATION FORM

I verify that _____ is a full-time student (at least 12 credit hours) at:

Name of institute: _____

Address: _____

Phone number: (_____) _____

Date of Graduation if applicable: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

This form will not be accepted until all of the above information is completed.

205 School Street • PO Box 159 • Gardner, MA 01440-0159
1.800.488.1969 • 978.630.6600 • TTY: 978.630.6754
www.rcapsolutions.org



STDNTVER.doc

205 School Street • PO Box 159 • Gardner, MA 01440-0159
1.800.488.1969 • 978.630.6600 • TTY: 978.630.6754
www.rcapsolutions.org