

ACCOUNT: \_\_\_\_\_

**SCHOOL INFORMATION RELEASE FORM**

STUDENT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby give my permission to furnish the required information. \_\_\_\_\_  
Signature Parent/Guardian

-----  
**Dear Registrar:**

**REGULATIONS REQUIRE THE WHITE PLAINS HOUSING AUTHORITY (WPHA) TO CHECK THE STATUS OF RESIDENTS/APPLICANTS WHO ARE STUDENTS. THE PERSON LISTED ABOVE INFORMED THE WPHA THAT HE/SHE IS NOW ENROLLED IN YOUR INSTITUTION OF LEARNING. KINDLY FURNISH THE INFORMATION REQUESTED BELOW:**

ADDRESS: \_\_\_\_\_  
Street # City State Zip Code

DATE ENROLLED: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_

YEAR OF STUDY: \_\_\_\_\_ # OF CREDITS/HOURS FOR CURRENT TERM: \_\_\_\_\_

CURRENTLY FULL-TIME STUDENT:  Yes  No OR PART-TIME  Yes  No

**Please use school stamp (if available)**

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
DATE

**PLEASE RETURN FORM TO THE WHITE PLAINS HOUSING AUTHORITY**