

Louisiana Department of Children and Family Services  
Verification of Student Information  
P. O. Box 260031  
Baton Rouge, LA 70826-0031

Case Name: \_\_\_\_\_  
Case ID Number: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Student's SSN: \_\_\_\_\_

The above-named person has given his consent for the release of information requested below in order to help establish his eligibility for assistance. Please complete this form and return to us by \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Agency Representative

This is to certify that \_\_\_\_\_ is enrolled at \_\_\_\_\_  
(name of student) (name of school)

Date of enrollment: \_\_\_\_\_ Expected date of completion/graduation: \_\_\_\_\_  
(month, day, year) (month, day, year)

Begin date of current semester/quarter: \_\_\_\_\_

Date current semester/quarter ends: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Number of hours per semester/quarter: \_\_\_\_\_

Is the student enrolled at least half-time?  Yes  No

Is a high school diploma or HiSET/GED required to attend this school?  Yes  No

Course of study: \_\_\_\_\_

Does this particular course of study require a high school diploma or HiSET/GED?  Yes  No

Is the student participating in a state or federally financed work study program?  Yes  No

Is the student attending a Louisiana Community or Technical College?  Yes  No

Does the college certify that the college considers the above-mentioned student's course of study is a career and technical program under the Carl D. Perkins Career and Technical Education Act of 2006?  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of School Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Printed Name of School Official