

STUDENT VERIFICATION FORM

Please complete the following information to verify student status. Student must currently be enrolled as a full time college student or be a 2009 graduate from a professional preparation program.

Name of Student: _____

Name of Program: _____

College/University: _____

(Name of Professor/Advisor)

(Signature)

(Date)

Please Mail completed form to: CAID • P.O. Box 377 • Bedford, TX 76095-0377