

Should be completed by financial aid office or someone at SJSU who has access to student financial aid records.

COUNTY OF SANTA CLARA

Social Services Agency

STUDENT FINANCIAL AID / WORK STUDY VERIFICATION REQUEST

Name of School

Address of School

Case Name:

Case Number:

Worker Name:

Worker Number:

Worker Telephone:

Date:

Student Name:

Student SSN:

I authorize the release of information requested below regarding my financial aid/work study for the _____ to _____ school year.

Student Signature: _____ Date: _____

Student is enrolled: 1/2 Time or More Less than 1/2 Time

FINANCIAL AID

<u>Award Type</u>	<u>Date Received Or Expected</u>	<u>Total Amount</u>	<u>Contains Title IV Funding</u>	<u>Dates intended to Cover</u>
_____	_____	_____	() Yes () No	From _____ To _____
_____	_____	_____	() Yes () No	From _____ To _____
_____	_____	_____	() Yes () No	From _____ To _____
_____	_____	_____	() Yes () No	From _____ To _____

WORK STUDY

Assignment: _____ Begin Date: _____ End Date: _____

Hours per Week: _____ Amt. paid per hour: _____ Date(s) Paid: _____

STUDENT EXPENSES

Please attach a copy of the institution's current student budget, indicating the amounts applicable to the above named student, and complete the following:

<u>Expense</u>	<u>Total Amount</u>	<u>Expense</u>	<u>Total Amount</u>
Tuition	\$ _____	Transportation	\$ _____
Mandatory Fees	\$ _____	Dependent Care	\$ _____
Books and Supplies	\$ _____	Miscellaneous Personal	\$ _____

Additional Comments: _____

Completed By: _____

Phone: _____ Date: _____

Title: _____