



STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residence in the following apartment:

Potomac Station Apartments
652 Fort Evans Rd NE
Leesburg, VA 20176

Unit Number (if assigned): _____

I hereby grant disclosure of the information requested below from: _____
Name of Educational Institution

Applicant/Resident Signature: _____ Date: _____

Printed Name: _____ Student ID#: _____

Return Form to: _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at your educational institution? Yes No

If so, part-time or full-time? Full-Time Part-Time

If full-time, please provide the date the student enrolled as such: _____

Expected Date of Graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Tel. #: _____

Title: _____

Educational Institution: _____

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. VHDA - 4/07

