

### School / Training Verification

Student Name	Case Number	Social Security #

School/Training Program Name

Address of the facility

City	State	Zip Code

Major or course of study	Anticipated completion date

Schedule of classes for current Semester/Quarter/Phase which was started on

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

The student's scheduled classes will change every  Weeks  Months

The starting date for next  Quarter  Semester  Phase is

The student fees are paid for the current Quarter/Semester/Phase  YES  NO

\_\_\_\_\_  
Signature of School Official Date

\_\_\_\_\_  
Title Contact #