Community College Verification Form

Student name: _____Last 4 of SSN or Agency ID: _____

School name: _____

This form is used to determine if the student can get SNAP benefits. The college can also give this information in a letter.

To be Completed by School:

1. **Enrollment status**:   ____ ½ time or more   ____ less than ½ time ____not enrolled

2. **Student's Course of Study or Major**: _____
   The college considers this course of study or major to be:
   - A "career and technical education" program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006, and/or
   - A course of study that will lead to employment.

   Please indicate: ___ YES ____ NO

3. **Participation in Work Study**
   This student is or will be participating in a federal or state work study program.   ___ YES   ___ NO

_____   _____
Signature of School Official   Date

_____   _____
Print name   Title

_____
Phone number