

Illinois Community College Verification Form

Student Name: _____ Date of Birth: _____

Last 4 of SSN: _____

School Name: _____

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

To be Completed by Community College:

Enrollment Status: ___ ½ time or more ___ less than ½ time ___ not enrolled

Student's Course of Study or Major: _____

This course of study or major is considered 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

Participation in Work Study:

This student is or will be participating in a federal or state work study program Please indicate: ___ YES ___ NO

Signature of School Official

Date

Print Name

Title

Phone Number