

STUDENT NAME	
STUDENT ID #	

2013-2014 AGENCY VERIFICATION OF RECEIPT OF FOOD STAMP BENEFITS (Calendar Years 2011 & 2012)

Federal regulations governing student financial aid mandate verification of the receipt of Food Stamp Benefits. The information provided below will only be used to determine financial aid eligibility. This data will be held confidential by Cal Maritime pursuant to The Family Educational Rights and Privacy Act (FERPA).

STUDENT / BENEFIT RECIPIENT INFORMATION

The following is to be completed by the student, and/or person in the student's household who received Food Stamp Benefits BEFORE submitting to the Agency.

I authorize the agency to provide the information requested by the college listed above.

	e of Person who receive		,	· ·				
	Number							
Benefit Recipient Signature (if other than student) Student Signature						Date		
			AGENCY INFORM	IATION				
The fo	ollowing is to be comple	eted by a represe	ntative of the Agency.					
	The person(s) listed ab	ove received no a	ssistance from this age	ncy during 2011 (OR 2012.			
	There is no record of t	he case name and,	or case number					
	The person(s) listed ab	ove received/rece	eive assistance from this	s agency as detail	ed below:			
	Year Benefits Were Received		Type of Benefits Received					
	2011	2012	Food Stamps	CalFresh	SNAP	WIC	CFAP	
					STAMP REQU			
	and Title of Agency Rep	oresentative:						
Renre	sentative's Signature					Date		

Return this form to Cal Maritime's Financial Aid Office. We do not accept forms by email.