

Name of Person who received benefits___

Benefit Recipient Signature (if other than student)_____

Case Number_

By Mail:

Vallejo, CA 94590

Cal Maritime Financial Aid Office

200 Maritime Academy Drive

STUDENT NAME	
STUDENT ID #	

Date

2012 - 2013 AGENCY VERIFICATION OF RECEIPT OF FOOD STAMP BENEFITS (Calendar Years 2010 & 2011)

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

Relationship to Student____

In Person:

Financial Aid Office

Located in the Career Services Building

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.

Student Signature					Date			
			AGENCY INFORM	IATION				
The fo	ollowing is to be cor	npleted by a represe	ntative of the Agency.					
	The person(s) liste	d above received no a	assistance from this age	ncy during 2010	OR 2011.			
	There is no record	of the case name and	l/or case number					
	The person(s) liste	d above received/rec	eive assistance from thi	s agency as detai	led below:			
	Year Benefits Were Received		Type of Benefits Received					
	2010	2011	Food Stamps	CalFresh	SNAP	WIC	CFAP	
			AGENCY STAMP REQUIRED					
Name	and Title of Agency	Representative:						
Representative's Signature			Date					
	Return this f	orm to Cal Maritim	e's Financial Aid Offic	ce (we do NOT	accept form	s by email):		

By FAX:

(707) 654-1007

Attention: Financial Aid