

If you have questions about this form, please contact:

Telephone: _____

To be completed by School/Educational Institution only, for students aged 16 or older.

Please print clearly and fill out all sections

Name of School/Institution: _____

Address of School/Institution: _____

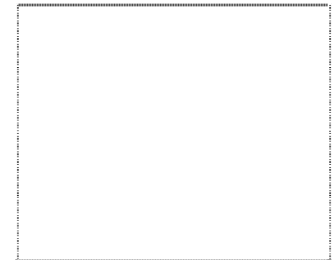
Telephone Number: _____

This is to confirm that: _____ *(Name of student)*,
is attending the above named educational institution as a full time student for the period:

Authorized Signature (e.g. Principal, Registrar)

Name & Title

Date



School Stamp/Seal

Consent

I authorize the above named Institution to release information to Housing York Inc. and the Regional Municipality of York for the purpose of confirming my attendance.

Name of Student: _____

Signature of Student: _____

Student's Address: _____
