

Unaccompanied Homeless Youth Verification For the Purposes of Federal Financial Aid

| Name of Student: | |
|---|---|
| DOB: | Student's 9-Digit ID#: |
| Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact): | |
| I am providing this letter of verification as a (check o | ne): |
| A McKinney-Vento School District Liaison | |
| A director or designee of a HUD-funded she | lter: |
| A financial aid administrator: As per the College Cost Reduction and Access Acstudent's living situation. No further verification by | elter:et (Public Law 110-84), I am authorized to verify this the Financial Aid Administrator is necessary. Should mation about this student, please contact me at the |
| | 1, 2021. This means that, after July 1, 2021, ody of a parent or guardian, provides for his/her own |
| Authorized Signature | Date |
| Print Name | Telephone Number |
| Title | <u> </u> |
| Agency | |

Please return this form to the Financial Aid Office at BCCC or fax to 410-462-7444.