



Homeless Youth Verification Letter for Postsecondary Enrollment

Homeless Youth Verification for the Purposes of the Free Application for Federal Student Aid and the Florida Tuition and Fee Exemption

Student Name: _____

DOB: ____/____/____

SSN: _____

Current Mailing Address of Student (If none, please list name, phone number, and mailing address of current contact):

To Whom It May Concern:

This letter verifies that the student named above:

- As of the date of this letter, is “an individual who does not have a fixed, regular, and adequate nighttime residence” (Section 725 of the McKinney-Vento Act and section 1009.25(1)(f), Florida Statutes)
- Has been living in a homeless situation during the _____ school year
- Attended Florida State University Schools in Tallahassee, Florida during that school year

Should you have additional questions or need more information about this student, please contact me at the number provided below:

Suzanne Wilkinson, Designated Homeless Education Liaison
Florida State University Schools
3000 School House Road
Tallahassee, FL 32311
swilkinson@fsu.edu

Authorized Signature _____ Date: _____