



School Verification Form

Massachusetts Department of Transitional Assistance

Give this form to DTA

- By mail: DTA Document Processing Center,
P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Name of Student

Head of Household's last 4 of SSN or Agency ID

Address

Name of School

Student's Date of Birth

DTA is asking for school information because:

- ☐ School enrollment shows that a child is current on immunizations.
- ☐ This child has a job.
- ☐ This student is 18. An 18-year-old who will graduate before turning 19 can get TAFDC.
- ☐ We have conflicting information about where this student lives.

The school may also give a different document with the information.

Authorization

I give permission for this school to give the requested information to the Department of Transitional Assistance.

Signature of parent, guardian or student age 14 or older

Date

For school official

Please check one: This student is ☐ enrolled full-time ☐ enrolled at least half-time ☐ enrolled less than half-time ☐ not enrolled at this school.

Expected graduation date _____

Please check if school records show this student is living at the above address: ☐

Signature of school official

Title