



GOVERNMENT OF GUAM



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
(DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)
123 Chalan Kareta * Mangilao, Guam 96913-6304

Form with fields for To: (Name or School), Date, Case Name, Case Number, and Subject: School Verification of Enrollment. Includes a paragraph about SNAP and Welfare (PA) program regulations.

We are requesting your assistance and cooperation in providing the required verification to us. Should you have any questions, please contact us at: _____ or FAX the information to us at: _____

Eligibility Specialist/Representative

Table titled 'Required School Information for Verification of Eligibility' with columns for NAME OF STUDENT, SSN, DOB, Registered (YES/NO), and GRADE. Includes signature and date fields at the bottom.

Consent and Authorization to Release Personal Information

I hereby give my authorization to release information on my child(ren) attending your learning institution to the Division of Public Welfare, Department of Public Health and Social Services.

Signature of Parent or Legal Guardian

Date