



Financial Aid and Scholarship Office
 One University Circle • Turlock, CA 95382
 Telephone (209) 667-3335 * Fax# (209) 664-7064
<http://www.csustan.edu/financialaid>

Name: _____

CSUS ID#: _____

Date: _____

**2013-2014 Supplemental Nutrition Assistance Program Verification
 (For Calendar Years 2011 & 2012)**

Federal regulations, relative to student financial aid, mandate verification of the receipt of Food Stamp Benefits. The information provided below will be used only to determine financial aid eligibility and will be held confidential by CSU Stanislaus pursuant to The Family Educational Rights and Privacy Act (FERPA).

Student / Benefit Recipient Information

The following is to be completed by the Student, and/or person in the student's household who received Food Stamp Benefits **BEFORE** submitting to the Agency.

I authorize the agency to provide the information requested by the college listed above.

Name of Person who received benefits: _____

Case Number: _____ Relationship to Student: _____

Benefit Recipient Signature (if other than student): _____ Date _____

Student Signature (Required): _____ Date _____

Agency Information

The following is to be completed by a representative of the Agency.

- The person(s) listed above received no assistance from this agency during 2011 **OR** 2012.
- There is no record of the case name and/or case number
- The person(s) listed above received/receive assistance from this agency as detailed below:

Year Benefits Were Received		Type of Benefits Received (Check all that apply)
<input type="checkbox"/> 2011	<input type="checkbox"/> 2012	<input type="checkbox"/> Food Stamps <input type="checkbox"/> CalFresh <input type="checkbox"/> SNAP <input type="checkbox"/> CFAP <input type="checkbox"/> WIC

AGENCY STAMP REQUIRED

Name and Title of Agency Representative: _____

Representative's Signature: _____ Date: _____