

DO NOT USE WHITE OUT OR CORRECTION TAPE.

If corrections are needed, use a new form. Alterations, word strikes or overlapped writing will make this form invalid.

VERIFICATION OF EDUCATION

I give consent for the release of my education information to the **Early Learning Coalition of Florida's Heartland, Inc.** (ELCFH) to determine my eligibility for child care assistance. I also consent for this completed form to be sent directly to the ELCFH office via: Fax: 941-255-1650 or scan and email to: CS@elcfh.org

Client Printed Name: _____

Client Signature: _____ **Date:** _____

Dear Educational Facility,

In order to determine the eligibility of our client listed above for child care services, please assist us by answering the questions below and returning this form to our office.

Please return this form to: Email: CS@elcfh.org or Fax: 941-255-5856

Student Name: _____

Title or Course Name: _____

Start and end dates of class(s) _____ **to** _____

Number of days attending class per week: _____ **Hours attending per week:** _____

Name of Instructor(s): _____

Graduation Date: _____ **This course is considered:** ☐ Full time ☐ Part time

By signing this document, I am certifying the above information for the student is true and correct to the best of my knowledge. The **Early Learning Coalition of Florida's Heartland, Inc.** may contact us to verify any of the above information for said student/client.

Name of Educational Facility: _____

Address of facility: _____

Signature of staff completing form: _____ **Date:** _____

Printed staff name: _____

Title: _____ **Phone number:** _____