Relative Verification Form

I verify th						
	(Print	name oblood relative housing	student)	udent)		
aunt,	uncle,	grandpareņt	mother,	father	(circle one)	
of	(Print Student Name)		, (Student'\s/SU ID)		The student present will	
be residi	ng with me, th	e approved blood re	lative, at the fo	llo veisig lence	:	
		(Address of bl	ood relative)			
Signed and sworn to (or affirmed) before me on					by	
			(Date)			
		(Signname(s) of person	(s) making statement)			
	(Notary signate	ur)e				
Expiration	n Date:					