RENTLS



## 2024-2025 Rent Lease Verification Form (For Dependent Students Only)

student	dent First Name:				Student Last Name:			ID:	
ОВ:	/	_/	Primary Phon	ne #: (	_)		Secondary Phon	ne #: (	
ff camp	ous addre	ess:							
		-			-		25 academic year. y all the information		t complete this form ovide.
A.	Provid	e a <b>COPY</b> o	f the following, w						
В.	Provid		_	reement Co ephone nun		gency which	fits your rental sit	cuation:	
		Rental Ag	gency Apartme	nt Manager	Landlord	Other:			
	2.	Occupan	cy date:		to		<del>-</del>		
	3.		nt per month \$						
		Phone Nu	umbers:				_		
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Processed by:\_\_