

NATIONAL UNIVERSITY

2010-2011

Financial Aid Office
11355 North Torrey Pines Road
La Jolla, CA 92037-1011
(858) 642-8500

VOCATIONAL REHABILITATION VERIFICATION

Student Name: _____ Student ID: _____

Federal and state regulations relative to student financial aid, mandate coordination and verification of all family financial and educational resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to sections 67-100-67147 of the California Education Code and the 1974 Family education Rights and Privacy Act.

To be completed by the student before submitting to your Vocational Rehabilitation Counselor or Case Manager.

I authorize the appropriate office/agency to provide the information requested by the school listed above.

_____	_____	_____
Case name under which benefits were paid	Case Number	Date of Birth
_____	_____	_____
Signature of family member who received benefits	Social Security Number	Date

Description of Benefits

I am currently receiving the following benefit(s):

- Payment of Tuition and fees
- Monthly Subsistence Allowance
- Payment of Books and Supplies
- Monthly Compensation Benefit

To be completed by the agency providing benefits.

The person(s) named above received/receives no assistance from this agency.

The student is/will receive a monthly subsistence allowance? Yes No
If yes, give the start date of the benefits: _____ Monthly Amount \$ _____

Is an allowance **currently** provided to cover tuition, fees, transportation, books and supplies? Yes No
Itemize allowance(s) and give amount(s): (1) tuition allowance = \$ _____, (2) books and supplies allowance = \$ _____, (3) transportation and fees = \$ _____.

Did the student receive compensation benefits during the 2009 calendar year? Yes No
If yes, please list the total amount received in 2009 (01/09 - 12/09) \$ _____

_____	_____
Agency Representative (type or print)	Title/Official position
_____	(_____)_____
Signature	Telephone Number
_____	_____
Date	