WICHITA STATE UNIVERSITY
HOUSING AND RESIDENCE LIFE

Relative Verification Form

I verify that _____ is a(n)
(Print name of blood relative housing student)

☐ aunt, ☐ uncle, ☐ grandparent, ☐ mother, ☐ father (circle one)

of _____, _____. The student present will
(Print Student Name) (Student's WSU ID)

be residing with me, the approved blood relative, at the following residence:

_____
(Address of blood relative)

State of _____ County of _____

Signed or attested before me on _____ by _____.
Date Sign name(s) of person(s) making statement

For notarial officer use only

_____
(Signature of notarial officer)

(Seal, if any)

_____
Title (and Rank)

My appointment expires: _____

Updated on 7/11/2025