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)

Signed and sworn to (or affirmed) before me on _____ by
(Date)

_____
(Sign name(s) of person(s) making statement)

_____
(Notary signature)

Expiration Date: _____