



Income Verification Social Services - Form A

Date: _____

To: Monroe County Department of Human and Health Services
111 Westfall Road, Room 342
Rochester, NY 14620

From: Educational Opportunity Program

Re: 20__ Income Verification

I, _____ hereby authorize release of my 20__ income and the total months I received social services benefits.

Please attach a benefit statement identifying the persons who are assigned to the below case number. The information requested will assist in meeting admissions requirements.

Please send verification to: Educational Opportunity Program
Monroe Community College
1000 East Henrietta Road, Room 3-101
Rochester, NY 14623

Student Signature: _____

Student Social Security #: _____

Case Number: _____

Parent Signature: _____

Parent Social Security #: _____

Case Number: _____

****Please return this form with the documentation.**