



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

**ATTENTION: Attendance Secretary**

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_

<b>AUTHORIZATION:</b> I authorize you to release to the Division of Welfare and Supportive Services the requested information.	
Client Signature	Date

### SCHOOL ATTENDANCE - REQUEST FOR INFORMATION

Please complete the following information on the student(s) listed below and return to our office so that we can determine eligibility for public assistance. **If our information is incorrect, please furnish the correct information and return to this office.** Thank you for your cooperation.

Name of Student	Birthdate	Grade	Completed by School				
			Enrolled	Date	Enrollment Status	If enrolled from out of state, please list previous address	Date expected to graduate
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Less Than Part Time		
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Less Than Part Time		
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Less Than Part Time		

Who enrolled these students? (Mother? Father?) \_\_\_\_\_  
(Name, relationship, address)

Home address and phone number according to Division records:	Completed by School: IF SCHOOL RECORDS DIFFER, please give address and phone number on file. If given address agrees, please notate "SAME."
Comments: If you wish to make additional comments, please identify student by name.	

Signature                      Print Name                      Title                      Date                      Telephone Number

