

**FAFSA COMPLETION INITIATIVE  
LOCAL EDUCATION AGENCY (LEA)  
VERIFICATION FORM**



**Section A – Release of Information (To be completed by LEA requestor)**

Last name of requestor: \_\_\_\_\_ First name of requestor: \_\_\_\_\_

Name of LEA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I authorize the principal of the high school that my agency is affiliated to provide information verifying the affiliation of  
\_\_\_\_\_ with \_\_\_\_\_  
(Name of agency) (Name of high school)

\_\_\_\_\_  
Requestor's signature

\_\_\_\_\_  
Date

**Section B – School Verification (To be completed by high school principal)**

The above named local education agency is requesting from the Maryland Higher Education Commission access to view FAFSA information for the students in your school as part of the FAFSA Completion Initiative. Please complete the section below and certify by signing if the above agency is affiliated with your high school and you authorize this agency to receive the FAFSA information for students at your school. **Please include your high school seal or stamp at the bottom of this document for authentication.**

Last Name (Principal): \_\_\_\_\_ First Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Brief summary of the above LEA's affiliation with your high school: \_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of High School Principal

Printed name: \_\_\_\_\_

Date \_\_\_\_\_

Telephone number:(\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_