



Office of Academic Agreements – DOW E202  
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For Office Use Only

TERM \_\_\_\_\_

DATE \_\_\_\_\_

## Grant Verification Form

*Form is valid Sept – Aug, please complete once per Academic Year*

### Parent or Guardian Please Complete This Section

\_\_\_\_\_  
Student's Name (**Please Print**)

\_\_\_\_\_  
Oregon Tech Student ID Number  
**For Office Use Only**

\_\_\_\_\_  
Legal Parent/Guardian Signature  
(or student signature if student is 18 or older)

\_\_\_\_\_  
Date

By signing above, I certify, that the above student is participating in one or more approved programs and is eligible for a tuition waiver from Oregon Tech based on that participation. If participation status changes at any time, I will notify Oregon Tech in writing that this student is no longer eligible.

### Approved Programs

Temporary Assistance for Needy Families  
Supplemental Nutrition Assistance Program  
USDA Free/Reduced Meals Program