

Student Status Verification

All requested information **MUST** be filled out by an Advisor or Registrar's Official. **The student's application status will be considered incomplete and ineligible until this form is returned to the DPM-BAA SAAIP Coordinator (DPMBAA@wi.gov).**

I authorize the release of this information for the SAAIP: _____

Student Name

School _____

Number of credits enrolled currently: _____

*Student Advisor/Registrar's Name _____

Date Completed: _____

***By checking the following box, you are authenticating that the student is in good academic standing and enrolled as of the date above.**

Complete the form and "Save As" the student's name. Please email the completed form to DPMBAA@wi.gov with the student's name in the subject field.