



TEXAS A&M UNIVERSITY
Clinic for Advanced
Literacy Studies

Documentation for Financial Eligibility

This section must be completed by the parent/guardian of the child receiving tutoring services at the Clinic for Advanced Literacy Studies. All information will be kept confidential.

I _____ give permission for the school registrar of
(print parent name)
_____ to verify that my child, _____
(school name) (student name)
qualifies for free or reduced lunch.

Signature of Parent/Guardian Date

This section must be completed by the school registrar and emailed directly to the Clinic Administrative Coordinator, christine72@tamu.edu.

I _____, school registrar for
(print name)
_____ verify that, _____
(school name) (student name)
qualifies for free or reduced lunch.

Signature of School Registrar Date

TAMU Clinic for Advanced Literacy Studies
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College Station, TX 77840
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