

# Eligibility Verification Request Form

## Safe at Home Address Confidentiality Program

### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-253-3043

[sos.tn.gov/safeathome](http://sos.tn.gov/safeathome)



Tre Hargett  
Secretary of State

This form should be used by government officials (including public school officials) to request verification of a program participant's residential eligibility, or the residential eligibility of a program participant's minor child, for enrollment in public benefits or public schools. This form may be submitted via email to [TNSOS.SAFE@tn.gov](mailto:TNSOS.SAFE@tn.gov) to ensure the fastest response.

#### REQUESTER INFORMATION

Public School or Agency Name: \_\_\_\_\_ County: \_\_\_\_\_

Name of Official Requesting Verification: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### PARTICIPANT INFORMATION

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Participant Identification #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is Program Participant seeking enrollment in public school or public benefits?  Yes  No

Name(s) of Program Participant's Minor Child Seeking Enrollment in Public School or Public Benefits (include participant ID number for each minor child, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ELIGIBILITY CRITERIA

Please provide a statement of residential eligibility requirement(s) that must be verified. Please provide any available statutory citations.

\_\_\_\_\_  
\_\_\_\_\_

If enrollment/eligibility requires residency within a particular geographical district, attach a map of the applicable district.

#### REQUESTER SIGNATURE

Requester's Signature

Date

**FOR DEPARTMENT OF STATE USE ONLY**

**ELIGIBILITY CERTIFICATION**

- The Office of the Secretary of State hereby confirms that, based on information contained within the Safe At Home Address Confidentiality Program records, the following individuals are eligible for enrollment in the public school or public benefit identified herein.

Eligible Individuals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eligible for Enrollment in the Following Public School: \_\_\_\_\_

\_\_\_\_\_

Eligible for Enrollment in the Following Public Benefit: \_\_\_\_\_

\_\_\_\_\_

- Based on the information currently available, the Office of the Secretary of State cannot confirm that the individuals listed in this request are eligible for enrollment. Program Participants should contact the Safe At Home Program for more information.

**OFFICIAL SIGNATURE**

**Official Signature**

**Date**