



**Passport to Careers Program
Dependent/Ward of the Court Verification**

Student Information

First name	Middle name	Last name	Date of birth
Date and age dependency was established	Date and age dependency was dismissed	Amount of time spent in care	Date of last placement
		<i>Years Months</i>	
Name of federally recognized tribe		Tribal foster care contact phone number	

This statement is to confirm the following:

- The above-named person was in the care of the tribal foster care system of the above-named tribe in Washington State, and placed in out-of-home care at any time since turning 13 and before turning 21.

I certify that the information provided in this document is true and accurate.

Tribal Representative Information

Name of authorized tribal representative		Title	
Mailing address	City	State	Zip code
Authorized tribal representative signature		Date	

For more information, contact:

Washington Student Achievement Council
PO Box 43430, Olympia, WA 98504-3430
Email: passporttocollege@wsac.wa.gov
Phone: 1-888-535-0747, option 3, then select 1
Fax: 1-360-704-6246