CERTIFICATION OF BIRTH, ADOPTION OR FOSTER CARE PLACEMENT OF A CHILD

Instructions: Print this form and have it completed by a licensed healthcare practitioner or a representative of an adoption/placement agency or social services agency. Include the completed form in the PDF that also includes your Application for an award through the Graduate Student Assistance Fund. A birth certificate will be accepted in place of the Provider Certification, for a certification of birth.

1. Today's Date: _____

2. Student's First and Last Name: _____

3. Has the above-named student recently become the parent of a new child (either through childbirth, adoption, or foster care placement)?

   _____ YES _____ NO

   3a. If YES, please cite the date of the birth, adoption, or foster care placement: _____

4. Is the above-named student expecting to become the parent of a new child (either through childbirth, adoption, or foster care placement)?

   _____ YES _____ NO

   4a. If YES, please cite the anticipated date of the birth, adoption, or foster care placement: _____

5. Certification Provider Information

   Signature: _____

   Printed name: _____

   Date: _____

   Name of practice or agency: _____

   Address: _____

   Type of practice: _____