

[PROVIDER VERIFICATION FORM LETTER TEMPLATE]

Dear Child Care Provider,

As part of the verification process required for the Postsecondary Child Care Grant program, we are asking you to confirm the information you reported in the child care provider section of the enclosed Postsecondary Child Care Grant application. The student's application will be on hold until you confirm, revise or dispute the information on the enclosed form. This includes notifying our office if you did not sign and provide the information on the student's application. Please sign and mark any revisions on the attached copy and provide the information to our office using one of the methods below.

- Mail: Financial Aid Office
ABC University
1800 University Avenue
Minneapolis, MN 55401
Attn: Child Care Grant Administrator

OR

- Email: [childcaregrantadministrator@university.edu]

OR

- Fax: [(XXX) XXX-XXXX Attn: Child Care Grant Administrator Name]

OR

- Phone: [(XXX) XXX-XXXX Child Care Grant Administrator Name]

Thank you for your assistance.