

EDUCATION VERIFICATION FORM

Student Information

Name: Dacey Wieland
Street: 2641 Kimball Ave
City: Manhattan State: KS Zip Code: 66502
Phone: 913-333-7515 E-mail Address: dacey.wieland@gmail.com

Education Verification

As a participant of the Interfaith Housing and Community Services Kansas IDA Program, I understand:

1. Funds may only be used towards the completion of a degree or certificate program at an accredited postsecondary institution as determined by the U.S. Department of Education.


Student Initials DW

2. Funds may only be used to pay for courses once and may not be used for courses which must be retaken. Furthermore, I agree to notify IHS if I must retake a course.

Student Initials DW

For the upcoming term, I verify:

1. I am enrolled at Kansas State University Manhattan, KS
Name of Educational Institution Location (City and State)
2. I am working towards the completion of Bachelor's Degree in Cybersecurity
Name of Degree or Certificate Program
3. I am expected to graduate on/before December/2025
Month / Year

 08/12/2025
Student Signature Date

Academic Advisor Verification

As a representative of Kansas State University (Educational Institution),
I verify that the information listed above is true and accurate to the best of my knowledge. Furthermore, I
verify that Dacey Wieland (Student Name) is fulfilling the
necessary coursework to complete his/her graduation requirements and to reach his/her educational goals.

Academic Advisor Signature Date 12 August 2024