

Connecticut Department of Children and Families
NOTIFICATION TO BOOKSTORE
DCF-635
8/19 (Rev.)



Date:

College/University Bookstore Name:

Address (No. and Street)

City

State

Zip

(Student Name):

DOB: OR Student ID#:

Re:

Dear Bookstore Manager:

This is to inform you that the State of Connecticut Department of Children and Families is responsible for providing services to
(Enter name of Student)

while he/she remains is in an approved post-secondary education program.

(Enter name of Student)

will be entering his/her Freshman / Sophomore / Junior / Senior year at

(Enter name of College or University)

this Fall / Spring semester.

Please note that the Department of Children and Families, by this letter, authorizes this youth to purchase books and school supplies pertinent to

his/her courses up to the amount of

per semester for the

school year.

(Enter Phone Number):

(Enter E-mail Address):

If you have any questions please contact me at
Thank you for your cooperation in this matter.

My e-mail address is:

Sincerely,

SW Name:

SW Title:

Department of Children and Families