



STUDENT VERIFICATION

For Secondary Dependent Students

COMPANY NAME

(PLEASE PRINT)

EMPLOYEE INFORMATION

FOR ADMINISTRATIVE USE ONLY

SSN	EFFECTIVE DATE		
Last Name	First Name	MI	Date of Hire
Address			Supervisor Initials
City	State	Zip Code	DOB
Home Phone #	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Work Phone #	<input type="checkbox"/> Single <input type="checkbox"/> Married		

DEPENDENT INFORMATION

Dependent Student Name	Name of College, University or School		
DOB	Address		
SSN	City	State	Zip Code
Relationship	School Phone #	Dates of Enrollment From: To:	

I certify that the above-named individual is enrolled as a full-time student for the period indicated above:

Registrar Name

Date

Registrar Signature

Date

Or attach an Official School Receipt, Registration Receipt, and/or Proof of Attendance.

