



STUDENT STATUS VERIFICATION

TO BE COMPLETED BY PARENT:

\_\_\_ YES, my dependent is attending school full-time. Please complete and sign below.

Name of Employee

Employee Or ID Number:

Name of Dependent \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN IF YOUR DEPENDENT IS NOT A FULL-TIME STUDENT:**

\_\_\_ NO, My dependent is NOT attending school full-time. Please complete and sign below.

IF GRADUATED, PLEASE PROVIDE DATE OF GRADUATION: \_\_\_/\_\_\_/\_\_\_

Enter the last Semester/Quarter of school attended as a full-time student: \_\_\_/\_\_\_/\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY REGISTRAR:

Name and Address of College, University or Vocational School, or High School

Verification of full-time or part-time status:

Date of Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_ # Hours: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time

Date of Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_ # Hours: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time

Date of Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_ # Hours: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time

Date of Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_ # Hours: \_\_\_\_\_

\_\_\_ Full-time \_\_\_ Part-time

Authorized Signature of School Representative: \_\_\_\_\_

Official Stamp or School Seal

**RETURN THIS FORM TO FIRST ADMINISTRATORS ENROLLMENT DEPARTMENT LISTED BELOW**