



**P.O. Box 1071
Fresno, CA 93714**

Ph: (559) 221-3901
FAX: (559) 227-1463

VERIFICATION OF STUDENT STATUS

Employee: _____

Employee Social Security #: _____

Group: _____

Dependent Name: _____

Dependent Birthdate: ____/____/____

The dependent named above is between age 19 and 23. Please submit proof of full-time student status by completing the following:

School Name: _____

School Address: _____

Number of credits carried:

_____ Credits for semester dates: _____

_____ Credits for quarter dates: _____

Please provide certification from the school registrar or any other type of certification verifying the dependent's status as a full-time student.

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Completed by (please print name): _____

Signature: _____ Date: _____