

# ELECTRICAL WORKERS

## FRINGE BENEFIT ADMINISTRATIVE OFFICE

### VERIFICATION OF STUDENT ENROLLMENT FORM

Member's Name: \_\_\_\_\_

Member's ID number or Social Security number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Relationship to Member \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

**\* THE SECTION BELOW MUST BE COMPLETED BY THE REGISTRAR'S OFFICE OF THE ACCREDITED SCHOOL, COLLEGE OR UNIVERSITY ATTENDED. \***

PLEASE PRINT OR TYPE

This certifies that \_\_\_\_\_ is enrolled as a

full-time/part-time student. This student will receive or has received \_\_\_\_\_  
(circle one)

credits for the semester (or term) which begins/began on \_\_\_\_\_ and ends on

\_\_\_\_\_. The student's expected graduation date is (month, day, year)

\_\_\_\_\_.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name and Title of Person Verifying Above Information: \_\_\_\_\_

\_\_\_\_\_

### SCHOOL STAMP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to: Electrical Workers Benefit Trust Fund  
1828 N. Meridian Street #103  
Indianapolis, IN 46202  
(317) 923-4577  
Fax: (317) 923-7633