

STUDENT VERIFICATION FORM

Return this form to:
Operating Engineers
Health & Welfare Fund
P.O. Box 7067
Pasadena, CA 91109
Phone: (626) 356-1004
FAX: (626) 796-6432

I. To be completed by member:

Student's Name: _____

Member's Name: _____

Member's SS#: _____

Authorization of Student to Release Information:

Student's Signature

Date

WITH SCHOOL STAMP/SEAL.

2. To be completed by school registrar:

Statement of Enrollment

This will certify that the student named above is (or was) enrolled in the following educational institution during the specified time period:

Name of School: _____

Enrollment period beginning date: _____

Enrollment period ending date: _____

Total Units: _____ Full-time? Yes _____ No _____

Signature of Registrar

Date