

Trustees:
H. Joseph Ayers
W. Robert Davidson
John D. Farrish
Michael W. Hughes
Lindsay Marshall
William A. Nations

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



STUDENT VERIFICATION FORM

This form must be completed and signed by the dean of admission or the school registrar.

Please check one: Spring Semester (form must be returned by 2/28)
 Fall Semester (form must be returned by 10/31)

Student's Name _____

Member's Name _____

Member's SS or Unique Identification# _____

Student's SS or ID # _____

Is student (check one): Full time Part time

Student registers (check one): Yearly Quarterly By semester

Ending date of current year, quarter or semester _____

Beginning date of next year, quarter or semester _____

Expected date of graduation _____

Dates student was previously registered as a full-time student:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Is student employed? Yes No (other than work-study program)

Employers name and address: _____

Is this school accredited? Yes No If not accredited, is this school approved by the Veterans Administration for educational benefits? Yes No

School name and address _____

Signed _____ Dated _____

Title _____