

VERIFICATION OF STUDENT ENROLLMENT
Completion of the following form is a requirement of the Teamsters
Health & Welfare Fund to insure full-time student status for dependents
over age 19. Please use pen (print) or typewriter.

RELEASE OF INFORMATION AUTHORIZATION
(To be completed by subscriber & student)

Re: _____
Name of Student _____ Name of Subscriber _____
Student Social Security # _____ Subscriber Social Security # _____
Date of Birth _____ Subscriber Signature _____
Student Signature _____

EDUCATION VERIFICATION

(The following is to be completed by the College or University and returned to: Teamsters Health & Welfare Fund,
P.O. BOX 1046, Worcester, MA 01604.

_____ is a full time student during _____
Name of Student
academic year? YES NO

If the last term was not completed, please indicate the date attendance ceased _____.

Enrollment is for _____ credits.

Credit Requirement for full-time
Status is _____.

Expected Date of Graduation:

Name of College/University

Address

Authorized Signature

Title

Date