

**TO BE COMPLETED BY EMPLOYEE**

EMPLOYEE NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

I verify that \_\_\_\_\_ is enrolled as a full-time student for the current school year.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE DO NOT DETACH**

\*\*\*\*\*

**TO BE COMPLETED BY REGISTRAR**

This is to certify that \_\_\_\_\_ is currently enrolled as a full-time  
(Name of Student)

matriculated student at \_\_\_\_\_  
(Name of College/University)

for the \_\_\_\_\_ school year. He/She is pursuing a degree in \_\_\_\_\_

and is registered for \_\_\_\_\_ credit hours.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL SEAL/STAMP

\*\*\*\*\*

**RETURN TO:**

Newburgh Enlarged City School District  
124 Grand Street  
Newburgh, NY 12550  
Attn: Health Benefits