

Student Verification Form

1. Student Information

I, _____ Student No. _____
Hereby authorize _____ to release to Automated Benefit Services Inc, the information listed below.

Student Signature _____

2. Employee Information

Unique Identifier No. _____ Phone _____

Group Name _____

Dependent Name _____

Employee Signature _____ **Date** _____

3. School Information

The student listed above is currently enrolled for _____ credit hours which is considered: Full-time Part-time

Dates semester begins and ends: Begins _____ Ends _____

School or College _____ Curriculum _____

Please indicate student's current standing

Freshman Sophomore Junior Senior Post-Grad

Other _____

Address _____ City _____ State _____ Zip _____

Employee Signature _____ **Date** _____

Title _____

Please fax form to: Attention Enrollment Department 586-693-4820