

ENROLLMENT VERIFICATION

Student Name: _____ Stinger ID: _____

Address: _____ Social Security #: _____

_____ Expected Grad Date: _____

Policyholder's Name and ID Number: _____

Please Send Verification To: _____

Student Signature: _____ Date: _____

To Be Completed by School

ENROLLMENT DATES/ ATTENDANCE STATUS

FROM: _____	TO: _____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT
_____	_____	___ FT	___ HT	___ <HT

(FT = Full Time, HT = Half Time, <HT = Below Half Time)

Student is currently registered for _____ semester, which begins _____ and ends _____. As of today, the student's Enrollment Status is FT / HT / <HT .

School Official signature: _____ Date: _____ SEAL