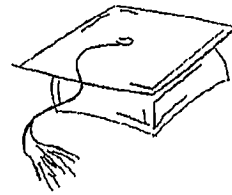




CITY OF SAN ANTONIO
 Employee Benefits Division
 PO Box 839966
 San Antonio, Texas 78283-3966
 (210) 207-8705



Student Enrollment Verification Form

School Name:	_____	Student:	_____
Address:	_____	Social Security	_____
City:	_____		
State/Zip:	_____		

Dear Registrars Office:

Please complete this form for the above named student. Your assistance is greatly appreciated.

This certifies that:	_____	SSN	_____
Is/was enrolled at:	_____		
for quarter or Semester checked:	Spring <input type="checkbox"/>	YEAR:	_____
	Summer <input type="checkbox"/>		
	Fall <input type="checkbox"/>		
From:	____ / ____ / ____	To:	____ / ____ / ____
 Number of Semester Hours:			
Full-Time Student? (Circle One): Yes No			
Signature	_____	Date	_____
	(Registrar/Authorized Agent)		Affix Seal here

For Office Use Only:

dependent of	_____
