

Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



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Student Verification Form

This form must be completed and signed by the dean of admission or the school registrar.

Please check one: Spring Semester (form must be returned by 2/28)
 Fall Semester (form must be returned by 10/31)

Student's Name _____

Participant's Name _____

Participant's SSN or Unique Identification# _____

Student's SSN or ID # _____

Is student (check one): Full time Part time

Student registers (check one): Yearly Quarterly By semester

Ending date of current year, quarter or semester _____

Beginning date of next year, quarter or semester _____

Expected date of graduation _____

Dates student was previously registered as a full-time student:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

Is student employed? Yes No (other than work-study program)

Employers name and address: _____

Is this school accredited? Yes No If not accredited, is this school approved by the Veterans

Administration for educational benefits? Yes No

School name and address _____

Signature _____ Date _____

Title _____