

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



www.tjc83funds.org

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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 \_\_\_\_\_