

STUDENT VERIFICATION

Plumbers & Pipefitters Local No. 520 Health & Welfare Fund

Please forward this letter to the school where your dependent is enrolled for completion by the registrars office OR forward this student certification form from signed by the school. You may also submit a copy of the class schedule. Please note if sending copy of class schedule it must **indicate semester date, students name, name of school and number of credits or if full-time or part-time.**

Please note this is information we will need, each semester your child is enrolled as a full-time student.

Semester to be verified: **SPRING** **FALL** **YEAR** _____

PARTICIPANT'S NAME: _____

ADDRESS: _____

STUDENT'S NAME: _____

DOB _____

CURRENT SEMESTER ENROLLED: _____

NAME OF SCHOOL OR COLLEGE: _____

EXPECTED DATE OF GRADUATION: _____

FULL-TIME: _____ **PART-TIME:** _____

NUMBER OF CREDIT _____

AUTHORIZED SCHOOL SIGNATURE: _____

TITLE: _____

RETURN TO: D. H. EVANS ASSOCIATES, INC.
P.O. Box 6480
Harrisburg, Pa 17112
FAX # 717-671-4937

(If sending class schedule, please make sure it includes all information needed, explained above.)