

MAMARONECK TEACHERS' ASSOCIATION  
ZENITH AMERICAN SOLUTIONS  
P.O. BOX 5817  
WALLINGFORD, CT 06492

DATE: \_\_\_\_\_ GROUP NO: 14

Employee: \_\_\_\_\_ Employee's SSN: \_\_\_\_\_

Dependent: \_\_\_\_\_

Dear Registrar:

Our office requires verification that the above-named dependent is/was enrolled as a full-time student at \_\_\_\_\_ (name of school).

Please confirm this dependent's status below to verify his/her eligibility for benefits. Please check appropriate status and semester and fill in the year.

\_\_\_\_\_ Full time student, Fall \_\_\_\_\_. Semester credits are/were \_\_\_\_\_

\_\_\_\_\_ Full time student, Spring \_\_\_\_\_. Semester credits are/were \_\_\_\_\_

\_\_\_\_\_ Part-time student, Fall \_\_\_\_\_. Semester credits are/were \_\_\_\_\_

\_\_\_\_\_ Part-time student, Spring \_\_\_\_\_. Semester credits are/were \_\_\_\_\_

Date of graduation or anticipated date of graduation: \_\_\_\_\_/\_\_\_\_\_  
(month) (year)

Additional Comments: \_\_\_\_\_

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To insure proper identification, please return this request to the above address.  
Thank you for your cooperation.

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Signature/Seal of Registrar

Date