

Dependent: _____

Employee : _____

P.O. Box 15136
Albany, NY 12212-5136

To Whom It May Concern:

Our office requests verification that the above named dependent is enrolled at _____ in order to confirm his/her eligibility for (college) benefits. **This verification must be completed by the school registrar, who should affix the school seal to this document.**

Current semester credits are _____ and anticipated date of graduation is _____.

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

Sincerely,

Lisa Ramus, co-chairperson,
Warwick Valley Teacher's Benefit Trust
Warwick, New York 10990