

Dependent: _____

Employee : Warwick Valley CSD

The Preferred Group
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,

Chairperson,
Warwick Valley Teacher's Benefit Trust

Affix the School Seal Below