

To be completed by Employee

Employee Name: _____

Employee Social Security Number: _____

Employee PPR Number _____ Station _____

Note: This form is required for dependents from the ages of 19-23 only

THIS FORM MUST BE COMPLETED BY THE SCHOOL REGISTRAR'S OFFICE

STUDENT ENROLLMENT VERIFICATION

TO: Delta Global Services
Personnel
Department 937
980 Virginia Avenue, 4th FLR
Atlanta, GA 30354

This is to certify that the information provided below for _____, dependent child of _____ is correct as of the date below.

Student's Social Security Number _____

Student is currently enrolled for the _____ semester/quarter as a
 full-time, part-time student.

1. Date semester/quarter begins _____

Date semester/quarter ends _____

2. Number of hours being carried by student _____

3. Number of hours your school considers as full-time _____

4. Is your school on quarter or semester system? _____

5. Did this student remain full-time all of last semester/quarter? Yes No If answer is no, indicate date full-time attendance ceased _____

6. Is student pre-registered for the next semester/quarter? Yes No Full-time Part-time

7. Student informed us that he/she does/does not expect to return for the _____ semester/quarter.

8. Student Gender Male Female

9. Remarks:

Name and address of school: _____

Registrar's Telephone Number: _____

Name of Registrar or Representative preparing form _____

Date: _____

School Stamp Required