

# NORTHERN BUCKEYE EDUCATION COUNCIL FULL-TIME STUDENT VERIFICATION FORM

*Return to your School's Human Resources Office when completed*

<b>Plan #</b>	<b>Class #</b>	<b>Employer/District</b>			
<b>Employee Name</b>		<b>First</b>	<b>M.I.</b>	<b>Last</b>	
<b>Employee Social Security Number</b>		<b>Employee Address</b>		<b>Street</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Dependent's Name</b>		<b>Relationship</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

## To Be Completed by the College Registrar's Office

	<b>Yes</b> <b>No</b>	<b>Name and Address of School</b>		
<b>Is this Dependent a Full -Time Student</b>	<input type="checkbox"/> <input type="checkbox"/>			
<b>Number of Hours Enrolled</b>	<b>Semester/Quarter</b>	<b>Dates Enrolled</b>	<b>Number of Hours For Full-Time</b>	
			<b>12 Hours</b>	

\_\_\_\_\_  
**Signature of Registrar**

\_\_\_\_\_  
**Date**

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**Printed Name**

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**School Name**

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**Address**

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**City/State/Zip**

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**Telephone/Fax Number**