



Carpenters Southwest Administrative Corporation

ADMINISTRATIVE OFFICE: 533 S. Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370

www.carpenterssw.org

Student Status Verification

Participant Name: _____ Social Security #: _____
Student Name: _____ Semester: _____

Dean of Admissions:

Please complete the following information for the above-referenced student and return it to the Carpenters Southwest Administrative Corporation at the address listed in the header. To qualify for the Dependent Life Insurance Benefit, the above-referenced student must satisfy the requirement of the Health and Welfare Plan as a full-time dependent from age 19 to his or her 23rd birthday and be enrolled in an accredited institution of learning.

Student Name: _____ Name of School: _____
Status of Student: _____ Address of School: _____

1) Check the appropriate box below for the type of school:

- State College or University
- Private College or University
- Trade or Technical School
- Junior or City College
- Other (Specify)

2) How many units or hours per week are necessary to achieve Full-Time student status?

3) Enter the student's academic history in the following table:

| Semester | Beginning Date | Ending Date | Number of Units | Classroom Hours Per Week |
|----------|----------------|-------------|-----------------|--------------------------|
| Fall | | | | |
| Winter | | | | |
| Spring | | | | |
| Summer | | | | |

I hereby certify that the foregoing information is true and accurate to the best of my knowledge.

Authorized Signature: _____ Date: _____

Please Note: This verification must include the stamp or seal from the school.

Phone Number: _____ Extension: _____ Title: _____
Records of Admissions Office



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Parent/Guardian Statement

(This section to be completed by the participant.)

I, _____, as the parent of _____,
hereby certify that he/she is dependent on me for support and maintenance, and to the best of my knowledge
has no other substantial income.

Participant Signature: _____ Date: _____

Authorization for Release of Information

(This section to be completed by the student.)

I authorize the release of the information requested for verification of student status.

Student Signature: _____ Date: _____

Student Social Security Number: _____