

Request For Academic Certification

This Certification Form is to be completed by the accredited school that your dependent is attending to verify the student is enrolled. Once completed, please return to the Fund Office.

(Please Check One): Spring Fall Calendar Year _____

Member: _____ ID# _____

Student's Name: _____

Attendance Status And Dates

| | <u>Full Time</u> | <u>Half Time</u> | <u>Less Than Half Time</u> | <u>Other</u> |
|------------------|------------------|------------------|--------------------------------|-----------------|
| | <u>From/To:</u> | <u>From/To:</u> | <u>From/To:</u> | <u>From/To:</u> |
| Dates: | | | | |
| | | | | |
| Credit Hours: | | | | |

Anticipated Date of Graduation: _____

Accepted Major: _____

Name of Institution: _____

Telephone No. of Institution: _____

| |
|--|
| Certifying Official |
| |
| Not Valid Without The Raised College/University Seal or Stamp |

Return to:

New York State Teamsters Council
UPS Retiree Health Fund
P O Box 4928
Syracuse, NY 13221-4928