

**ISLAND GROUP ADMINISTRATION, INC.
3 TOILSOME LANE
EAST HAMPTON, NEW YORK 11937**

STUDENT VERIFICATION FORM

TO BE COMPLETED BY EMPLOYEE:

DATE: _____

EMPLOYEE'S NAME: _____

S.S.#: _____

I certify that _____ is enrolled as a full-time student for the
NAME OF STUDENT
current (FALL/SPRING) semester (_____)
YEAR

TO BE COMPLETED BY REGISTRAR:

This is to certify that _____ is currently enrolled as a full-time
NAME OF STUDENT
student during the current (FALL/SPRING) semester at:

NAME OF COLLEGE/UNIVERSITY

ADDRESS OF COLLEGE/UNIVERSITY

CITY STATE ZIP CODE

AREA CODE PHONE NUMBER

He/She is pursuing a degree in _____ and is registered for _____ credit hours.

Signature Title Date

School Stamp/Seal

RETURN FORM TO:
Island Group Administration, Inc.
3 Toilsome Lane
East Hampton, New York 11937

THIS FORM IS TO BE COMPLETED FOR EACH SEMESTER THAT THE STUDENT IS ENROLLED FULL-TIME AT AN ACCREDITED COLLEGE OR UNIVERSITY.

