

**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  
current (FALL/SPRING) semester ( \_\_\_\_\_ )  
**NAME OF STUDENT**  
**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.**



10/16/2009