



VERIFICATION OF ENROLLMENT STATUS

This form has been prepared by the Alameda County Employees' Retirement Association (ACERA) to secure information from your institution concerning the dependent name below of our Retiree. We must verify certain enrollment information in order to determine eligibility for the establishment and continuation of the dependent's benefit. Please provide the following information based on your records:

Date: _____ Name of Institution: _____

Address: _____

Department Completing this Form: _____

Dept. Contact Person: _____ Title: _____

Dept. Phone: _____ Email: _____

Student Name: _____

Student Address: _____

Student Date of Birth: _____ SSN: _____
(mm/dd/yyyy)

First Date Student Enrolled with your Institution: _____
(mm/dd/yyyy)

Institution operates on the following basis:

Circle One: **Semester** **Trimester** **Quarterly**

Total number of credits earned to date: _____

Total number of credits in current enrollment: _____

Total credits necessary for full-time enrollment at present: _____

Is _____ (Student) currently enrolled on a full-time basis?
Circle One: **Yes** **No**

This information is current through _____ (date).
(mm/dd/yyyy)

Verification by: _____
(Signature of School Representative)

Title: _____ Date: _____
(mm/dd/yyyy)

School OFFICIAL SEAL: { }