

FITZHARRIS & COMPANY, INC.

Proof of Student Status For Dependent

To Be Completed by College or University

_____ is enrolled as a
Name of Student _____ Social Security # _____

Full-time student at _____
Name of College or High School

for the _____ school semester.

Anticipated Date of Graduation _____

Signature of School Official

Total Credits

Title of School Official

Date

Official School Seal

To Be Completed by Parent

Subscribing Parent Name: _____

Subscribing Parent's Employer: _____

Subscribing Parent's Social Security #: _____

Effective Date of Enrollment: _____

RETURN THIS FORM TO THE CUSTOMER SERVICE DEPARTMENT AT:

Fitzharris & Company Inc.

PO Box 9182

Farmingdale, NY 11735

516-777-4800