

Department of Labor and Industries  
 Pension Benefits Section  
 PO Box 44281  
 Olympia WA 98504-4281



# VERIFICATION OF SCHOOL ENROLLMENT

Phone: (360) 902-5119  
 FAX: (360) 902-6455

*This form must be completed by the school and submitted every school term. It is **not** to be completed until after classes have started.*

## Part A - To be completed by the student

Injured Worker's name		Folio number	Claim number
Student's name		Phone number ( )	Social Security No. (for ID only)
Student's address			<input checked="" type="checkbox"/> HERE IF NEW ADDRESS <input type="checkbox"/>
City		State	ZIP + 4
Have you ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", date _____ When/where _____		To avoid an overpayment, I understand that I must notify the department immediately if my status as a FULL TIME student changes or if I become incarcerated or enlist in the military.	
Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", date _____			
		Date	Signature of student

## Part B - To be completed by a school official *(preferably the registrar)*

The above named student is enrolled and attending the following school:

Name of school:		
School mailing address		
City		State ZIP + 4
School term begins	School term ends	Enrolled with _____ credits
Enrolled and attending as a <input type="checkbox"/> Full time student <input type="checkbox"/> Part time student		Anticipated graduation date
Comments:		
<b>School Seal</b>	Printed name of school official	
	Title	
	Phone number ( )	Date
	Signature	