

North America Administrators, L. P.
P.O. Box 1984
Nashville, TN 37202

Name of Employer: _____ Date _____

Employee Name: _____ SS# _____

DEPENDENT STUDENT CERTIFICATION

I certify that _____, my son/daughter, who is _____ years of age, is now a full-time student in an institution of higher learning, namely,

INSTITUTION: _____

Address of registration office: _____

Phone: _____

Date child FIRST (as of 19th birthday) became full-time student: _____

FALL DATES: _____ TO _____

SPRING DATES: _____ TO _____

That he/she is unmarried and dependent upon me for support, that I claim him/her as an exemption on my federal tax returns.

I authorize the said institution to release any information regarding the enrollment status of my son/daughter.

(Signature of parent)

(Date)

I authorize the above institution to release any information regarding my enrollment.

(Signature of student)

(Date)

(Students Social Security Number)

****Please note that it will be your responsibility to notify us on a semester basis.****

You may e-mail this form to ttaylor@naa-lp.com or fax to 615-259-0899