



PERCS SCHOOL VERIFICATION FORM

Employee Name _____

Employee Social Security Number _____

Name of Property at which you are employed _____

Dependent Name _____

Dependent Social Security Number _____

This form must be completed by the school registrar's office if your dependent is attending school on a full-time basis.

Name of school _____

School's Address _____

School's
Phone# _____

School runs by hour _____, quarter, _____, semester _____ (check one)

Student has enrolled in _____ credits/hours this semester/quarter

Student is considered to be full-time _____ part-time _____

Student is currently enrolled for the Spring _____ Fall _____ Winter _____
semester/quarter

Semester/quarter Begin Date ___/___/___ Semester/quarter End date ___/___/___
Mo/Day/Yr Mo/Day/Yr

Student's Anticipated Graduation Date ___/___/___
Mo/Day/Yr

Signature _____ of _____ School _____ Official _____
Date _____

Return this form to PERCS at 2950 Industrial Rd. Las Vegas, NV 89109.

PLEASE PLACE SCHOOL SEAL ON THIS FORM.