

Confirmation of Dependent's College Participation

Date:

To Whom It May Concern,

This is to confirm that the following dependent is currently participating in a college education program:

Dependent's Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
College/University Name	<input type="text"/>
Program of Study	<input type="text"/>
Student ID Number	<input type="text"/>
Enrollment Status	<input checked="" type="radio"/> Full-Time <input type="radio"/> Part-Time
Expected Graduation Date	<input type="text"/>

Please contact me if further information is needed.

Sincerely,

Parent/Guardian Name

Relationship to Dependent

Contact Information