

# Student Verification Form

NATIONAL EMPLOYEES  
HEALTH PLAN

## STUDENT: Authorization – Release of Records

I, \_\_\_\_\_ Student No. \_\_\_\_\_  
hereby authorize, \_\_\_\_\_, to release to National Employee's Health Plan the  
confidential information contained in this form.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature / Date

## EMPLOYEE: Please Complete This Section

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Participant ID

\_\_\_\_\_  
Group Name

## SCHOOL: Please Complete This Section

Students current enrollment status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Current credit hours: \_\_\_\_\_

Date semester begins \_\_\_\_\_ Date semester ends \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Name of school or college: \_\_\_\_\_

Curriculum: \_\_\_\_\_

Student's Current Standing: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Post-Grad \_\_\_\_\_

Other: \_\_\_\_\_

School street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Official Title