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

Name of Employer: _____ **Date**_____

Employee Name: _____ **SSN**_____

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: _____

Date child is/will be attending

FALL DATES: __/___/_____ **TO** __/___/_____

SPRING DATES: __/___/_____ **TO** __/___/_____

mm/dd/yy **mm/dd/yy**

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)**

_____
(Student's 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 tdingee@naa-lp.com or fax to 615-255-6654