

# IBEW LOCAL NO. 9 FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund  
IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Plan

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

## STUDENT VERIFICATION

Member's Name \_\_\_\_\_

Member Identification # \_\_\_\_\_ Local Union \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's SS# \_\_\_\_\_

Relationship to Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

**BELOW PORTION MUST BE COMPLETED BY THE OFFICE OF THE REGISTRAR  
OF THE ACCREDITED SCHOOL, COLLEGE, OR UNIVERSITY ATTENDED.**  
(Please type or Print)

This is to certify that \_\_\_\_\_ is enrolled as a full-time/part-time  
(circle one) student. This student will/has received \_\_\_\_\_ credits for the  
term/semester which begins/began on and ends on \_\_\_\_\_.

Name of Institution: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Person Verifying Above Information:

SCHOOL STAMP

\_\_\_\_\_  
(Signature)

\_\_\_\_\_

\_\_\_\_\_  
Title