



STUDENT VERIFICATION FORM

Fall Semester ___/___/___ to ___/___/___

Spring Semester ___/___/___ to ___/___/___

Summer ___/___/___ to ___/___/___

Name: _____

Employee id: _____

Employing Department: _____

I am enrolled as a student at the following institution for the current or upcoming semester at:

_____ Accredited institution of higher learning granting associate degrees or higher
Name of school _____

_____ Technical college
Name of school _____

_____ Vocational or trade school
Name of school _____

_____ High school
Name of school _____

Signature of Student: _____

Date: _____

Signature of Departmental Representative: _____

Date: _____

If you have any questions, please contact the Payroll Office at 608-262-0531, or via email at payroll@uwex.edu.