

STUDENT EMPLOYEE ENROLLMENT VERIFICATION FORM

I certify that	_, social security number _	
(Student name)		
is currently enrolled or pre-registered a	nt	
	(School name)	
for classes during(semester/year)	with	_credit hours.
School Official Signature	 Date	
School Official Signature	Date	
Title	Telephone number	er

This form can be faxed to us at (605) 394-1898.

NOTE: THIS FORM MUST BE COMPLETED EACH SEMESTER

O'Harra Building 501 E. Saint Joseph St. Rapid City, SD 57701-3995 (605) 394-1203 FAX: (605) 394-1898 www.sdsmt.edu

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