

FIREFIGHTERS' RETIREMENT SYSTEM

PO Box 94095, Capitol Station
Baton Rouge, Louisiana 70804-9095
Telephone (225) 925-4060 * Fax (225) 925-4062

VERIFICATION OF ENROLLMENT

Student's Name: _____

Social Security Number: _____

This is to certify that the above mentioned individual is enrolled on a full-time basis (verify number of hours _____) for the _____ Semester at _____ (Name of School)

The Semester started or will start on _____ and will end on _____.

Any changes in this individual's enrollment status will be reported to the Firefighters' Retirement System immediately. Please affix the school seal for verification purposes.

Certified by: _____

Title: _____

Phone Number: _____