



STATE OF RHODE ISLAND

2009 AFFIDAVIT OF STUDENT STATUS

Employee Name

Dependent Name

I hereby certify that my child listed above meets all of the following criteria:

- Under Age 25 on December 31, 2008
- Unmarried
- Receives over one-half of his/her financial support from me
- Enrolled as a student and taking at least two courses or four credits per semester that lead to a degree or certificate at an accredited post-secondary school, college, university, or trade school

I have attached the following document (check one) :

____ A copy of the student's **2009** tuition bill

____ A letter or notice from the school's registrar showing enrollment in a **2009** semester

I understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility for benefits.

I affirm that the statements attested to in this Affidavit are true and correct to the best of my knowledge. I understand that misrepresentation of information in this Affidavit will result in my obligation to repay any benefits received.

Employee Signature

Last 4 Digits of Employee
Social Security #

Date

State Dept/Agency

OEB Approval: _____

Date: _____