Community Colleges of Spokane
VERIFICATION OF STUDENT STATUS

AT A PUBLIC COLLEGE OR UNIVERSITY OTHER THAN COMMUNITY COLLEGES OF SPOKANE

PURPOSE

- Exclusion of non career employee form OASI and Medicare taxes
- Verify enrollment of half-time or more at institution of higher learning
- Entitlement under IRS Rev. Proc. 98-16

Name_____

SID ☐☐☐ – ☐☐ – ☐☐☐☐

Please take this form to your current school and have the registrar complete the following:

He/she is enrolled half time or more at this institution of higher learning.

Dates of enrollment are: _____ to _____.

_____
Name of college/university

_____ _____
Name of registrar Phone number

_____ _____
Signature of registrar Date

I certify that the information contained here is correct and that I am not currently participating in any State of Washington community or technical college retirement or deferred compensation plan.

I will notify the Payroll Office immediately if my enrollment status changes. I understand I will lose this status if I qualify for retirement benefits. I understand I will lose this status if I am not enrolled in classes during school breaks of more than five weeks.

_____ _____
Signature of student Date