

PER CAPITA VERIFICATION REQUEST

NAME _____

PHONE # _____

ADDRESS _____

ENROLLMENT # _____

SSN _____

Check **one** of the following:

MAIL to me **FAX** to me at fax # _____ **EMAIL** to me at _____

HOLD FOR PICKUP

Reason for request:

STATEMENT FOR PER CAPITA VERIFICATION _____
YEAR REQUESTED

STATEMENT SHOWING GARNISHMENTS _____
YEAR REQUESTED

Reason for request: _____

**** IF YOUR MAILING ADDRESS IS NOT CURRENT, YOU MUST UPDATE IT WITH THE EBCI ENROLLMENT OFFICE****

Finance Use Only
Date Received: _____
Who Received: _____
Print Date: _____
Mail Date: _____
Date Put Out Front: _____