

**EASTERN SUFFOLK BOCES
DENTAL COVERAGE**

**Proof of Student Status
For Dependents**

To be completed by College

_____, _____ is enrolled as a
Name of Dependent Student *Social Security #*

full-time student at _____
Name of College

for the _____ school semester.

Anticipated Date of Graduation _____.

Signature of School Official

Title of School Official

Date

Official School Seal

To Be Completed by Parent

Signature of Parent _____

Parent's Social Security Number _____

Student's Effective Date of Enrollment _____

Return this form to:

**Sele-Dent, Inc.
One Huntington Quadrangle
Suite 1C12
Melville, NY 11747
Phone: (516) 887-7566
Fax: (516) 887-7896**