



Children's Hospital of Illinois' Be A Buckle Buddy! Public Service Announcement Contest



Student Enrollment Verification Form Submission Deadline: Friday March 26, 2010



Title of Entry: _____

Faculty Verification of Entrant's Enrollment in Illinois College or University:

To be completed by a member of the University or College Faculty from the department in which the participant is enrolled.

I certify that as of ____/____/____ (today's date), _____ (Name of Participant) is currently enrolled as a full or part time student at _____

_____. (Name of College or University).

Faculty Full Legal Name: _____

Title: _____

Contact Number: _____ Email: _____

Faculty Signature: _____ Date: ____/____/____