BENEFITS COUNSELING CERTIFICATION ADDENDUM

The Signatory Authority must complete and sign this form to certify that all staff listed have submitted a valid benefits counseling certification to Social Security for the current year.

EN Name:

PID:

Last Name	First Name	Awarding College	Expiration Date	EN Name	PID
		Select College			0
		Select College			0
		Select College			0
		Select College			0
		Select College			0
		Select College			0
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		Select College			0
		Select College			0
		Select College			0
		Select College			0

Signatory Authority Name: **Phone Number:**

Signatory Authority Signature: _____ **Date:**