

STUDENT CERTIFICATION FORM

Group Name	Altus Dental Group Number	
Subscriber Name	Subscriber ID Number	
Street Address		
City	State	Zip Code
Name of Student	Student's Date of Birth	
Name of School Attending	Expected Date of Graduation	

**Please provide documentation from the school that shows the
above named student is enrolled as a student.**

**Examples of such documentation would be a copy of the student's
fall tuition bill or the school's stamp or seal affixed below.**

School Stamp or Seal Here:

Signature of School Administrator