

Carpenters Health and Security Plan of Western Washington  
National Student Clearinghouse  
Student Authorization

Dependent children are covered under the Carpenters Health and Security Plan through age 18 unless they are attending an accredited college, university, technical trade, or mechanical school on a full-time basis. If you have a dependent child who meets these eligibility requirements, ***please have the student complete the student authorization form, sign, date, and return it to the Trust Office.*** Receipt of this signed authorization form gives the plan authorization to access the student's enrollment records through the National Student Clearinghouse for up to three years. Most schools in Washington State and across the country participate in this network. This saves time and paperwork. If you would like to verify if your child's school participates in the National Student Clearinghouse, please visit their website at [www.studentclearinghouse.com](http://www.studentclearinghouse.com). If you do not have access to the internet, you may contact an Enrollment Specialist at the Trust Office for verification.

***Important:*** There is a delay of approximately three weeks before the Trust Office can update a student's eligibility for a new quarter/semester. This three-week delay is the time required for the school to report to National Student Clearinghouse and for the Trust Office to access the student's enrollment records at the clearinghouse. If the student needs to use plan benefits during this delay, you must provide the Trust Office with a copy of the student's class schedule so the Trust Office can verify the student's full-time status. Without this information, the student's eligibility will lapse and benefits will be denied. After the three-week delay, the Trust Office will verify the student's status and retroactively update eligibility for the full quarter/semester.

***Student Authorization***

*By completing, signing, dating, and returning this form, I (the eligible student) agree to allow the Carpenters Health and Security Plan of Western Washington to verify my enrollment records through the National Student Clearinghouse. This form provides authorization for a period of up to three years from the date I sign this form.*

Participant's name: \_\_\_\_\_

Student's name: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

Name and location of school: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_