

**LEGACY BENEFIT CERTIFICATION OF
EMPLOYEE TUITION REIMBURSEMENT BENEFIT**

I, _____, the identified recipient, do certify and attest to the following:
First and last name

- I have been matriculated into a program of study by the beginning of the FALL 2026 semester.
- I have attached documentation from the college or university confirming that I was matriculated in a program of study by the beginning of the FALL 2026 semester.

I acknowledge that providing my electronic approval is equivalent to signing the document, and I understand that my electronic signature is binding.

Signature: _____ Date: _____

Please Complete, Sign, Date, and Return to
TuitionBenefits@ur.rochester.edu