Self-Certification of Full-Time School Attendance For The School Year:

Show any change of address on this form below.

U.S. Office of Personnel Management
Retirement Surveys & Students Branch, Washington, DC 20415-3563

Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓖ	Ⓗ	Ⓘ	Ⓙ	Ⓚ
Ⓕ	①	①	①	①	①	①	①	①	①
	②	②	②	②	②	②	②	②	②
	③	③	③	③	③	③	③	③	③
	④	④	④	④	④	④	④	④	④
	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

1. Student's name and date of birth

For Agency Use Only
○ I ○ II ○ III ○ IV
Claim number

2. Currently certified thru

Date

IMPORTANT: Please read the enclosed instruction sheet before completing this form. To avoid interruption of payments, please complete this form immediately. Use a pencil and darken the entire oval so our computer can process your form without delaying your payments. *Please complete this form for the entire school year (**not just one semester**) if plans are known, and complete it for one school year only.* Please do **not** take this form to the school. The person in the address above must sign in block 17. This is a personalized form, precoded for only the student shown in block 1.

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3. Is the student's date of birth correct as shown in block 1 above?

○ Yes   ○ No. Show the correct date below and **attach a birth certificate.**

Month	Day	Year

○ JAN	⓪	⓪	⓪	⓪
○ FEB	①	①	①	①
○ MAR	②	②	②	②
○ APR	③	③	③	③
○ MAY		④	④	④
○ JUN		⑤	⑤	⑤
○ JUL		⑥	⑥	⑥
○ AUG		⑦	⑦	⑦
○ SEP		⑧	⑧	⑧
○ OCT		⑨	⑨	⑨
○ NOV				
○ DEC				

4. Student's Social Security Number

Social Security Number

⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪
①	①	①	①	①	①	①	①	①
②	②	②	②	②	②	②	②	②
③	③	③	③	③	③	③	③	③
④	④	④	④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨

5. Is the student currently married?

○ No   ○ Yes. Show the marriage date below.

Month	Year

○ JAN	⓪	⓪
○ FEB	①	①
○ MAR	②	②
○ APR	③	③
○ MAY	④	④
○ JUN	⑤	⑤
○ JUL	⑥	⑥
○ AUG	⑦	⑦
○ SEP	⑧	⑧
○ OCT	⑨	⑨
○ NOV		
○ DEC		

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6. During the past 12 months, did the student stop school before the end of the school term, or change from full-time to part-time status?

○ Yes. Show date full-time attendance ended.   ○ No

Month	Year

○ JAN	⓪	⓪
○ FEB	①	①
○ MAR	②	②
○ APR	③	③
○ MAY	④	④
○ JUN	⑤	⑤
○ JUL	⑥	⑥
○ AUG	⑦	⑦
○ SEP	⑧	⑧
○ OCT	⑨	⑨
○ NOV		
○ DEC		

Blocks 7 - 16 must be completed if the student returned or will return to school full-time on or after the date shown in block 2 above.

7. Show the school's name and address *(including ZIP code):*

'Phone number   *(if available & area code):*

(   )

8. Is this school accredited by a nationally recognized accrediting agency or association?

○ No   ○ Yes

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9. Enter the date the student began or will begin full-time school attendance for the school year you are certifying. Date should be on or after date shown in block 2.

Month	Day	Year

○ JAN ⓪ ⓪   ⓪ ⓪
○ FEB ① ①   ① ①
○ MAR ② ②   ② ②
○ APR ③ ③   ③ ③
○ MAY   ④   ④ ④
○ JUN   ⑤   ⑤ ⑤
○ JUL   ⑥   ⑥ ⑥
○ AUG   ⑦   ⑦ ⑦
○ SEP   ⑧   ⑧ ⑧
○ OCT   ⑨   ⑨ ⑨
○ NOV
○ DEC

10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year (NOT the semester). This date must be later than the date shown in block 9.

Month	Day	Year

○ JAN ⓪ ⓪   ⓪ ⓪
○ FEB ① ①   ① ①
○ MAR ② ②   ② ②
○ APR ③ ③   ③ ③
○ MAY   ④   ④ ④
○ JUN   ⑤   ⑤ ⑤
○ JUL   ⑥   ⑥ ⑥
○ AUG   ⑦   ⑦ ⑦
○ SEP   ⑧   ⑧ ⑧
○ OCT   ⑨   ⑨ ⑨
○ NOV
○ DEC

11. Is the date given in block 10 the end of the school year?

○ Yes   ○ No

12. Does the student intend to return to school full-time after the date shown in block 10, with less than a 5 month break?

○ Undecided

○ No

○ Yes. Show the beginning date of the next school year in block 13.

13. Enter the *estimated* date the student will begin full-time attendance for the NEXT school year after the school year shown in blocks 9–10.

Month	Year

○ JAN ⓪ ⓪
○ FEB ① ①
○ MAR ② ②
○ APR ③ ③
○ MAY ④ ④
○ JUN ⑤ ⑤
○ JUL ⑥ ⑥
○ AUG ⑦ ⑦
○ SEP ⑧ ⑧
○ OCT ⑨ ⑨
○ NOV
○ DEC

14. Type of school shown in block 7.

○ High School

○ Trade/Technical/or Vocational

○ Jr. College/College/ Community College/or University

○ Other: Indicate type of school

15. Attendance for school shown in block 7. *Mark only one (A or B) below*

○ A: Classroom Hours per week, such as for high schools or trade schools. (Combine work/study hours if in a high school work/study program.)

○ B: Credit Hours such as for college.

Total Hours

⓪ ⓪
① ①
② ②
③ ③
④ ④
⑤ ⑤
⑥ ⑥
⑦ ⑦
⑧ ⑧
⑨ ⑨

Total Hours

⓪ ⓪
① ①
② ②
③ ③
④ ④
⑤ ⑤
⑥ ⑥
⑦ ⑦
⑧ ⑧
⑨ ⑨

16. Is the student in a school-sponsored co-op or internship program?

○ Yes (Attach a letter from the school explaining the program.)

○ No

WARNING: *Any intentionally false statements or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).*

17. I certify that all information given in this certification is true and correct to the best of my knowledge and belief. I understand that I must immediately notify the Office of Personnel Management (OPM) if the student transfers to another school, discontinues school attendance, reduces attendance to less than full-time, marries or dies. I agree to return all overpayments of student benefits, including overpayments that may be made after I notify OPM of any terminating event. I understand OPM may ask the school to verify the accuracy of the information I am furnishing.

Signature of payee (person who is receiving the payments)

Daytime telephone number (including area code)
(   )

Signature of Student

Date (month/day/year)