

Statement of School Official

The Railroad Retirement Board's (RRB) authority for requesting this information is contained in Section 7(b)(6) of the Railroad Retirement Act (45 U.S.C. 231f(b)(6)). While you are not required to respond, your cooperation in promptly completing and returning this form will be appreciated. Failure to do so may result in nonpayment of RRB benefits to the student.

We estimate this form takes an average of 3 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor and respondents are not required to respond to a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St., Chicago IL 60611-2092.

Section A Full-Time Attendance Information Provided By The Student

1. Student's Name		
2. Student's Social Security Number		
3. Type of school the student was attending, is currently attending, or will resume attending within four months	<input type="checkbox"/> Elementary School <input type="checkbox"/> High School Level (Including Technical and Vocational) <input type="checkbox"/> Home School	
4. Name of the school		
5. Student dates of full-time attendance at the school named in Item 4	Began	Ended
	Month and Year	Month and Year
6. Number of hours per week the student was, is, or will be scheduled to attend the school named in Item 4	Scheduled Hours Per Week	
7. Expected month and year of graduation date, if the student was, is, or will be studying at the high school level	Month and Year	

Section B Certification of School Official

The School Official is to enter an "X" in the appropriate boxes. Type or complete legibly in ink any requested information.

8. Is the information provided by the student in Section A, in agreement with your records?	<input type="checkbox"/> Yes - Go to Item 13 <input type="checkbox"/> No - Go to Item 9	
9. Was the student ever in attendance at your school on a full-time basis?	<input type="checkbox"/> Yes - Go to Item 10 <input type="checkbox"/> No - Go to Item 13	
10. Enter the student's last period of full-time attendance at your school.	Began	Ended
	Month and Year	Month and Year
11. Is, or was, the student scheduled to attend your school for 20 or more hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. If the Railroad Retirement Board office entered a graduation month and year in Section A, Item 7, that does not agree with your records, enter the correct month and year the student is expected to graduate from your school.	Month and Year	
13. Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Railroad Retirement Act commits a crime punishable under Federal Law, I certify that according to this school's records, the information given above is true.		
Signature of School Official	Telephone Number	
	()	
Title	Date	



SCHOOL OFFICIAL'S NOTICE OF CESSATION OF FULL-TIME SCHOOL ATTENDANCE

Retain this form in your files for use in notifying the Railroad Retirement Board if the student named below changes plans and does not return to full-time attendance for a new school term or ceases full-time attendance for a reason other than graduation.

The information requested on this form is needed to terminate student benefits timely. The Railroad Retirement Board's (RRB) authority for requesting this information is contained in Section 7(b)(6) of the Railroad Retirement Act (45 USC 231f(b)(6)). While you are not required to respond, your cooperation in promptly completing and returning this form will be appreciated.

We estimate this form takes an average of 2 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor and respondents are not required to respond to a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to Chief of Information Resources Management, Railroad Retirement Board, 844 North Rush St., Chicago IL 60611-2092.

When an event listed in Item 7, below, applies, please return this completed form by mail or facsimile to:

Facsimile Number:

1. Student's Name	
2. Student's Social Security Number	
3. Railroad Employee's Name	
4. RRB Claim Number	
5. Name of School	

CERTIFICATION OF SCHOOL OFFICIAL

6. Enter the date the student identified above ceased to be a full-time student at your school.	Month	Day	Year
7. Check the appropriate box: Reason the school attendance ended.	<input type="checkbox"/> 1. Suspension or expulsion <input type="checkbox"/> 2. Withdrawal <input type="checkbox"/> 3. Change to part-time status <input type="checkbox"/> 4. Failure to continue in full-time attendance at start of new term <input type="checkbox"/> 5. Transfer to full-time attendance at another school <input type="checkbox"/> 6. Other: _____		
8. Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Railroad Retirement Act commits a crime punishable under Federal Law, I certify that according to this institution's records, the information given above is true.			

Signature of School Registrar	Telephone Number ()	Date
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