orm Approved: OMB No. 3206-0032

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

Show any change of address on this form below:

Form Approved: ONB No. 3200-0032								
U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563								
A 0 0	0 0							
F 1 1	1 1							
2 2	2 2	2 2 2 2						
3 3	3 3	3 3 3 3						
4 4	4 4							
5 5	5 5	5 5 5 5						
6 6	6 6	6 6 6 6 6						
7 7	7 7							
8	8 8	8 8 8 8						
9 9	9 9	9 9 9 9						
Student's name and date	e of birth	For Agency Use Only						
		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, using a pencil and darkening 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 item 1.

3. Is the student's date of birth correct as shown in block 1 above?		4. Student's Social Security Number	5. Is the student currently married?		
O Yes	$\sim$	w the correct date below and a birth certificate.		O No	Yes. Show the marriage date below.
Month	Day	Year	Social Security Number	Month	Year
◯ JAN	0 0	0 0		◯ JAN	0 0
○ FEB	1 1	1 1		○ FEB	1 1
O MAR	2 2	2 2	22222222	○ MAR	2 2
O APR	3 3	3 3	3 3 3 3 3 3 3 3	O APR	3 3
O MAY	4	4 4	4 4 4 4 4 4 4 4	○ MAY	4 4
◯ JUN	5	5 5	5 5 5 5 5 5 5	◯ JUN	5 5
◯ JUL	6	6 6	66666666	◯ JUL	6 6
O AUG	7	7 7		AUG	7 7
○ SEP	8	8 8	88888888	SEP	8 8
Ост	9	9 9	99999999	Оост	9 9
O NOV				O NOV	
O DEC				O DEC	
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?		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.	8. Is this school accredited by a nationally recognized accrediting agency or association?		
Yes. Show d	ate full-time atte	ndance ended. No		No	O Yes
Month	Year		7. Show the school's name and address (including ZIP code):	No	O Tes
◯ JAN	0 0				
○ FEB	1 1				
○ MAR	2 2				
O APR	3 3				
O MAY	4 4				
◯ JUN	5 5				
◯ JUL	6 6				
O AUG	7 7				
○ SEP	8 8				
Ост	9 9		Phone number (if available & area code):		
○ NOV					
O DEC			( )		

full-time school attendance for the school year end of		end or ended. I	d or ended. If the student plans to attend r the full school year, you should show the			the school year?						
shown in block	_		the full school ye	ar (NOT th		Yes No						
			semester). This date must be later than the date shown in block 9.									
Month	Day	Year	Month	Day	Yea							
◯ JAN	0 0	0 0	◯ JAN	0 0	0 (	(1)	12. Does the student intend to return to school full-time after the date shown in block 10, with less than a 5					
○ FEB	1 1	1 1	○ FEB	1 1		$\overline{}$	month break?					
○ MAR	2 2	2 2	O MAR	2 2	2 (	2						
O APR	3 3	3 3	O APR	3 3	3 (	3 (	Undecided					
O MAY	4	4 4	O MAY	4		4						
O JUN	5	5 5	◯ JUN	5		5 (	○ No					
O JUL	6	6 6	◯ JUL	6		6						
O AUG	7	7 7	O AUG	7		7 (	Yes. Show the beginning date of					
○ SEP	8	8 8	○ SEP	8		8	the next school year in block 13.					
OCT	9	9 9	ОСТ	9	9 (	9						
O NOV			O NOV									
O DEC			O DEC									
begin full-time attendance for the NEXT		14. Type of School	ol shown in block 7.			15. Attendance for School shown in block 7.  Mark only one (A or B) below						
school year aft	ter the school year	shown	High Schoo	1		(	A: Classroon Hours per week, such as for	B: Credit Hours such as for college.				
Month	Year		Trade/Tech	nical/or Vocation	al		High Schools or trade schools. (combine					
O JAN	0 0		Jr. College/College/ Community College/or University			work/study hours if in a high school work study program.)						
FEB	1 1			_	-	To	tal Hours	Total Hours				
MAR	2 2		Other: Indic	cate type of school	I							
O APR	3 3							0 0				
○ MAY	4 4							1 1				
◯ JUN	5 5							2 2				
O JUL	6 6							3 3				
O AUG	7 7						_	4 4				
○ SEP	8 8						5	5 5				
Ост	9 9						6	6 6				
O NOV							7	7 7				
O DEC							8	8 8				
							9	9 9				
16. Is the student if or internship pr		ored co-op		y intentionally fai orisonment, or bo			lful misrepresentations are p	ounishable by fine,				
Yes (Attach	a letter from the	school	17 Loomtify th	at all informati	on giver	n this sa	rtification is true and some	ract to the best of my				
	avalaining the program		iat an imorman	on given	n uns ce	rtification is true and cor						
$\bigcirc$ N	me program.)		knowledge	e and belief. Lui	nderstand	that I m	ust immediately notity th	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				
◯ No	me program.)											
No No	me program.)		Manageme attendance	ent (OPM) if the e, reduces attende	e student lance to l	transfers ess than	to another school, discorfull-time, marries or dies.	ntinues school I agree to return all				
No	me program.)		Manageme attendance overpayme	ent (OPM) if the c, reduces attendents of student l	e student lance to l penefits, i	transfers ess than ncluding	to another school, discor- full-time, marries or dies. overpayments that may be	ntinues school I agree to return all be made after I notify				
No	me program.)		Manageme attendance overpayme OPM of at	ent (OPM) if the e, reduces attendents of student length ents of student length	e student lance to l penefits, i event. I a	transfers ess than ncluding thorize	to another school, discorfull-time, marries or dies. overpayments that may he appropriate school off	ntinues school I agree to return all be made after I notify icial to verify my school				
No No	me program.)		Managem attendance overpayme OPM of at attendance	ent (OPM) if the e, reduces attendents of student length ents of student length	e student lance to l penefits, i event. I a	transfers ess than ncluding thorize	to another school, discor- full-time, marries or dies. overpayments that may be	ntinues school I agree to return all be made after I notify icial to verify my school				
Signature of payee		eceiving the payme	Manageme attendance overpayme OPM of at attendance written co	ent (OPM) if the e, reduces attendents of student leny terminating e e status to OPM	e student lance to l penefits, i event. I a	transfers ess than ncluding thorize	to another school, discorfull-time, marries or dies. overpayments that may he appropriate school off uested by OPM ( <i>e.g.</i> , by	ntinues school I agree to return all be made after I notify icial to verify my school				
		eceiving the payme	Manageme attendance overpayme OPM of at attendance written co	ent (OPM) if the e, reduces attendents of student lends of student lends terminating estatus to OPM rrespondence).	e student lance to l penefits, i event. I a	transfers ess than ncluding thorize	to another school, discorfull-time, marries or dies. overpayments that may he appropriate school off uested by OPM ( <i>e.g.</i> , by	ntinues school I agree to return all be made after I notify icial to verify my school telephone, fax, email, or				
	(person who is re	eceiving the payme	Manageme attendance overpayme OPM of at attendance written co	ent (OPM) if the e, reduces attendents of student lends of student lends terminating estatus to OPM rrespondence).	e student lance to l penefits, i event. I a	transfers ess than ncluding thorize	to another school, discorfull-time, marries or dies. overpayments that may he appropriate school off uested by OPM ( <i>e.g.</i> , by	Itinues school I agree to return all be made after I notify ficial to verify my school telephone, fax, email, or umber (including area code)				