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									
A		O	3 6 5111			rasmingi	on, DC	20415-3	
-									
				\bigcirc			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
	B	(6	6	6	6	6	6	(
	1	1	7	7	7	7	7	7	1
1	(8)	(8)	8	8	8	(8)	8	8	8
	9	9	9	9	9	9	9	9	(1)
1 Student's name and date of birth						For Agency Use Only			
									(IV)
					Cla	im numb	er		
Currently certified thru				Date	Date				
2. Carronaly certained this				Dat					

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?		
Yes		ow the correct date below and a birth certificate.		○ No	Yes. Show the marriage date below.	
Month	Day	Year	Social Security Number	Month	Year	
O JAN		0 0		O JAN		
○ FEB	1	1 1			1 1	
○ MAR	1 1	2 2		○ MAR	<u> </u>	
O APR	3 3	3 3		O APR	3 3	
O MAY	4	4 4	4 4 4 4 4 4 4 4	O MAY	4 4	
O JUN	5	5 5		O JUN	5 5	
O JUL	6	6 6		O JUL	6 6	
AUG	1	1 1		O AUG	1 1	
○ SEP	8	8 8		○ SEP	8 8	
Оост	9	(1)		Оост	9 9	
O NOV				O NOV		
O DEC	·			O DEC		
of the school ter	m, or change from	he student stop school before the end m 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.		accredited by a nationally crediting agency or	
	ate full-time atte	ndance ended No	7. Show the school's name and address	○ No	O Yes	
Month	Year		(including ZIP code):		O Tes	
O JAN						
○ FEB	1					
○ MAR	2 2					
○ APR	3 3					
O MAY	4 4					
O JUN	5 5					
O JUL	6 6					
AUG	1 1					
○ SEP	8 8					
О ОСТ	9 9		Phone number (if available & area code):			
NOV						
O DEC			()			

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.	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	11. Is the date given in block 10 the end of the school year? Yes No			
Month Day Year	Month Day Year				
JAN ① ① ① ① ① FEB ① ① ① ① ① ① MAR ② ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ③ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ④ ● ④ ● <t< td=""><td>JAN</td><td>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.</td></t<>	JAN	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	14 Type of School shown in block 7.	15. Attendance for School shown in block 7. Mark only one (A or B) below			
Month Year JAN FEB MAR APR MAY MAY JUN SEP SEP SEP NOV DEC	High School Trade/Technical/or Vocational Jr. College/College/ Community College/or University Other: Indicate type of school	A. Classroon Hours per week, such as for High Schools or trade schools. (combine work/study hours if in a high school work study program.) Total Hours O O O O O O O O O O O O O O O O O O O			
16. Is the student in a school-sponsored co-op	WADNING day intention II. Col.	9 9			
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 authorize the appropriate school official to verify my school attendance status to OPM in the manner requested by OPM (e.g., by telephone, fax, email, or written correspondence). 				
Signature of payee (person who is receiving the paymen	Email address	Daytime telephone number (including area code)			
Signature of Student	Email address	Date (month/day/year)			