## **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										
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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

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 No. Show the correct date below and attach a birth certificate.													○ No ○ Yes. Show the marriage date below.			
Month		Day	Y	ear				Social S	ecurity	Month Year						
OJAN		0	0		0	0	0		0	0	0	0	0	OJAN	0	
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O APR	(3	3	3	3	3	3	3	3	3	<b>3</b>	3	3	3	O APR	3	3
OMAY		4	4	<b>4</b>	4	4	<b>(4)</b>	4	4	<b>(4)</b>	4	4	4	O MAY	4	4
OJUN		(5)	(5)	<b>3</b>	(5)	(5)	(3)	(3)	(5)	(5)	(5)	(3)	(3)	OJUN	(3)	(5)
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OOCT		9	9	9	9	9	9	9	9	9	9	9	9	OOCT	3	9
ONOV														O NOV		
ODEC														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 date full-time No attendance ended.				7. Show the school's name and address (including ZIP code):								O No C	) Yes			
Month		Year														
OJAN	0	0														- 61
○ FEB	D	①														
O MAR	(2															
O APR	3															
O MAY	4															
OJUN	(3)															
Olur	<u>(6</u>												, 1			
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Ooct	9	9			Phone	e numl	per (if	availa	ble &	area ce	ide):					
ONOV					Phone number (if available & area code):											
O DEC							)									
Previous edition	e susa mental			***												01.25.14

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 end or ended. If the student plans to tend for the full school year, you sh show the ending date of the full school	at- the school year?						
	year (NOT the semester). This date is be later than the date shown in block	nust Over Over						
Month Day Year  O JAN ① ① ① ①	Month Day	Year						
○ FEB       ①       ①       ①       ①       ①         ○ MAR       ②       ②       ②       ②       ②         ○ APR       ③       ③       ③       ③       ③	○ JAN       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ①       ② <td><ul> <li>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?</li> <li>3</li> </ul></td>	<ul> <li>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?</li> <li>3</li> </ul>						
OMAY 4 4	OMAY 4 4	① Undecided						
O JUN	O JUN (5) (5)	5						
○ JUL       ⑥       ⑥       ⑥         ○ AUG       ⑦       ⑦       ⑦	OJUL 6 6	⑥ ○ No ⑦						
OSEP	O SEP ® ®							
OOCT 9 9 9	O OCT	Yes. Show the beginning date of the next school year in block 13.						
ONOV	ONOV							
ODEC	O DEC							
13. Enter the <i>estimated</i> date the student will begin full-time attendance for the NEXT school year after the school year shown in blocks 9–10.	14. Type of school shown in block 7.  High School	15. Attendance for school shown in block 7.  Mark only one (A or B) below  A. Classroom Hours  Der week, such as for Sigh spherole or trade						
Month Year	Tundo (Trakaina) (an Vandana)	high schools or trade college. schools. (Combine work/ study hours if in a high school work/study program.)						
OJAN © ©	○ Trade/Technical/or Vocational	Total Hours Total Hours						
O FEB ① ①								
OMAR 2 2	☐ Jr. College/College/							
OAPR 3 3	Community College/or University							
O MAY		2 2 2 2						
O JUN © ©	Other: Indicate type of school	3 3						
O TOTO		4 4						
O AUG ① ①		5						
O SEP		6						
OOCT (9) (9)		<b>7</b>						
O DEC		8 8						
16. Is the student in a school-sponsored co-op		9 9						
or internship program?	WARNING: Any intentionally false statements or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).							
Yes (Attach a letter from the school explaining the program.)	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							
O <sub>No</sub>	notify the Office of Personnel Management	anagement (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							
y	accuracy of the information I am	furnishing.						
Signature of payee (person who is receiving the payments)	Dayti	telephone number (including area code)						
	(	)						
Signature of Student	Date	Date (month/day/year)						