Self-Certification of Full-Time School

Attendance For The School Year:

Show any change of address on this form below:

	Form Approved: OMB No. 3206-0032						
U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563							
Retirement Surveys & Students Branc	h, Washington, DC 20415-3563						
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1. Student's name and date 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 da	ate 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 .		O No	Yes. Show the marriage date below.
Month	Day Year	Social Security Number	Month	Year
🔘 JAN	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc $	🔾 JAN	\bigcirc \bigcirc
◯ FEB			FEB	$\bigcirc 1 \bigcirc 1$
◯ MAR	2222	2222222222	◯ MAR	22
◯ APR	3 3 3 3	3 3 3 3 3 3 3 3 3 3		3 3
◯ MAY	4 4 4			4 4
🔘 jun	5 5 5	5 5 5 5 5 5 5 5	🔿 jun	5 5
◯ JUL	6 6 6	66666666	— ЛIL	6 6
◯ AUG	(7) (7) (7)	$\bigcirc \bigcirc $	🔿 AUG	777
◯ SEP	8 8 8	8888888888	SEP	8 8
🔾 ост	9 9 9	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)	🔿 ост	99
◯ NOV			◯ NOV	
◯ DEC			◯ DEC	
			 Is this school accredited by a nationally recognized accrediting agency or association? 	
of the school term	2 months, did the student stop school before the end n, 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.	recognized acc	
of the school term Yes. Show da	n, or change from full-time to part-time status? tte full-time attendance ended. No	returned or will return to school full-time on	recognized acc	
of the school term	n, or change from full-time to part-time status?	returned or will return to school full-time on or after the date shown in block 2 above.	recognized acc association?	crediting agency or
of the school term Yes. Show da	n, or change from full-time to part-time status? tte full-time attendance ended. No	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	recognized acc association?	crediting agency or
of the school term Yes. Show da	n, or change from full-time to part-time status? tte full-time attendance ended. No	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN	n, or change from full-time to part-time status? the full-time attendance ended. No Year 0 0 1 1 2 2	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB	n, or change from full-time to part-time status? tte full-time attendance ended. No Year 0 0 1 1 2 2 3 3	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR	n, or change from full-time to part-time status? tet full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR	n, or change from full-time to part-time status? tet full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 5 5	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR MAY	n, or change from full-time to part-time status? tet full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 4 4 5 5 6 6	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN	n, or change from full-time to part-time status? tte full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 7	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN JUL	n, or change from full-time to part-time status? the full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 4 4 5 5 6 6 7 7 7 8 8	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN JUN JUL AUG	n, or change from full-time to part-time status? tte full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 7	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	recognized acc association?	crediting agency or
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN JUL AUG SEP	n, or change from full-time to part-time status? the full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 4 4 5 5 6 6 7 7 7 8 8	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):	recognized acc association?	crediting agency or

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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 (<i>NOT the</i> <i>semester</i>). 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 JAN 0 0 0 FEB 1 1 1 MAR 2 2 2 APR 3 3 3 MAY 4 4 JUN 5 5 JUL 6 6 AUG 7 7 SEP 8 8 OCT 9 9 NOV JEC	Month JAN JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	Day 0 0 1 1 2 2 3 3 4 5 6 7 8 9	Year 0 0 1 1 2 2 3 4 5 6 7 8 9 9		he student intend to retu e date shown in block 1 break? Jndecided No Yes. Show the beginning he next school year in b	0, with less than a 5 g date of
 Enter the estimated date the student will begin full-time attendance for the NEXT school year after the school year shown 		ool shown in block 7.		 15. Attendance for School shown in block 7. Mark only one (A or B) below 		
Month Year JAN 0 0 FEB 1 1 MAR 2 2 APR 3 3 MAY 4 4 JUN 5 5	Jr. College/ Community	nical/or Vocationa	ersity	F F S V in S Total Ho 0 () () ()	A: Classroon Hours per week, such as for High Schools or trade chools. (combine vork/study hours if n a high school work tudy program.) purs 1 2	 B: Credit Hours such as for college. Total Hours 0 0 0 1 1 2 2
JUL 6 6 AUG 7 7 SEP 8 8 OCT 9 9 NOV DEC 9					3 4 5 6 7 8 9	3 3 4 4 5 5 6 6 7 7 8 8 9 9
 AUG ⑦ ⑦ SEP ⑧ ⑧ ⑨ ⑨ ⑨ NOV 	imp 17. I certify th knowledge Managem attendance overpaym OPM of an attendance	nat all information e and belief. I un ent (OPM) if the e, reduces attend ents of student b ny terminating e	th (18 USC 100 on given in th inderstand that e student trans lance to less t benefits, inclu event. I author	(3) ((4) (() () () () () () () () () (3 4 5 6 7 8 9 srepresentations are put ation is true and correst of the school, discont me, marries or dies. I payments that may be propriate school official payments that may be payments that	 3 3 4 4 4 5 5 6 6 6 7 7 8 8 9 9<
 AUG (7) (7) SEP (8) (8) OCT (9) (9) NOV DEC 16. Is the student in a school-sponsored co-op or internship program? Yes (Attach a letter from the school explaining the program.) 	imp 17. I certify th knowledge Managem attendance overpaym OPM of an attendance written co	at all information at all information and belief. I un ent (OPM) if the ent (OPM) if the ents of student be ny terminating end estatus to OPM	th (18 USC 100 on given in th inderstand that e student trans lance to less t benefits, inclu event. I author	(3) ((4) (() () () () () () () () () (3 4 5 6 7 8 9 srepresentations are put ation is true and correst by other school, discont ation is true and correst ation is true and correst ation is true and correst by other school, discont ation is true and correst ation is true and correst ation is true and correst by other school, discont ation is true and correst atio	 3 3 4 4 5 5 6 6 6 7 7 8 8 9 9<