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						
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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 item 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 item 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
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6. During the past 1 of the school terr	2 months, did the student stop school before the end n, or change from full-time to part-time status?	Items 7 - 16 must be completed if the student returned or will return to school full-time on or after the date shown in item 2 above.		accredited by a nationally crediting agency or
 6. During the past 1 of the school terr Yes. Show data 	n, or change from full-time to part-time status? ate full-time attendance ended. No	returned or will return to school full-time on	recognized ac	
6. During the past 1 of the school terr	m, or change from full-time to part-time status?	returned or will return to school full-time on or after the date shown in item 2 above.	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month	m, or change from full-time to part-time status? ate full-time attendance ended. No Year	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month JAN	m, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month JAN FEB	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 item 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or
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6. During the past 1 of the school terr Yes. Show da Month JAN FEB MAR APR MAY JUN JUL AUG	m, or change from full-time to part-time status? ate full-time attendance ended. No Year No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month JAN FEB MAR APR MAY JUN JUN JUL AUG SEP	m, or change from full-time to part-time status? ate full-time attendance ended. No Year No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address (including ZIP code):	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month JAN FEB MAR APR MAY JUN JUL AUG SEP OCT	m, or change from full-time to part-time status? ate full-time attendance ended. No Year No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or
6. During the past 1 of the school terr Yes. Show da Month JAN FEB MAR APR MAY JUN JUN JUL AUG SEP	m, or change from full-time to part-time status? ate full-time attendance ended. No Year No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8	returned or will return to school full-time on or after the date shown in item 2 above. 7. Show the school's name and address (including ZIP code):	recognized ac association?	crediting agency or

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 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 item 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 item 9.	 11. Is the date given in item 10 the end of the school year? Yes No
Month Day Year	Month Day Year	
JAN 0 0 0 0 FEB 1 1 1 1 MAR 2 2 2 2 APR 3 3 3 3 MAY 4 4 4 JUN 5 5 5 JUL 6 6 6 AUG 7 7 7 SEP 8 8 8 OCT 9 9 9	JAN 0 0 0 0 FEB 1 1 1 1 MAR 2 2 2 2 APR 3 3 3 3 MAY 4 4 4 JUN 5 5 5 JUL 6 6 6 AUG 7 7 7 SEP 8 8 8 OCT 9 9 9	 12. Does the student intend to return to school full-time after the date shown in item 10, with less than a 5 month break? Undecided No Yes. Show the beginning date of the next school year in item 13.
◯ NOV◯ DEC	○ NOV ○ DEC	
13. Enter the estimated date the student will	14. Type of School shown in item 7.	15. Attendance for School shown in item 7.
begin full-time attendance for the NEXT school year after the school year shown in items 9-10.	O High School	Mark only one (A or B) below A: Classroom Hours per week, such as for As for college.
Month Year	 Trade/Technical/or Vocational Jr. College/College/ Community College/or University 	High Schools or trade schools. (Combine work/study hours if in a high school work study program.)
○ FEB ① ①	Other: Indicate type of school	Total Hours Total Hours
MAR 2 2 APR 3 3 MAY 4 4 JUN 5 5 JUL 6 6 AUG 7 7 SEP 8 8 OCT 9 9 NOV DEC 1		$ \begin{array}{ c c c c c c c c } \hline 0 & 0 & 0 & 0 \\ \hline 1 & 1 & 1 & 1 \\ \hline 2 & 2 & 2 & 2 \\ \hline 3 & 3 & 3 & 3 \\ \hline 4 & 4 & 4 & 4 \\ \hline 5 & 5 & 5 \\ \hline 6 & 6 & 6 \\ \hline 7 & 7 & 7 \\ \hline 8 & 8 & 8 \\ \hline 9 & 9 & 9 \\ \hline \end{array} $
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 APR 3 3 MAY 4 4 JUN 5 5 JUL 6 6 AUG 7 7 SEP 8 8 OCT 9 9 NOV DEC 16. Is the student in a school-sponsored co-op	 WARNING: Any intentionally false statements imprisonment, or both (18 USC 10 17. I certify that all information given in the knowledge and belief. I understand that Management (OPM) if the student trans attendance, reduces attendance to less overpayments of student benefits, inclu- OPM of any terminating event. I author 	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
 APR 3 3 MAY 4 4 JUN 5 5 JUL 6 6 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.) 	 WARNING: Any intentionally false statements imprisonment, or both (18 USC 10 17. I certify that all information given in the knowledge and belief. I understand that Management (OPM) if the student transattendance, reduces attendance to less overpayments of student benefits, inclu OPM of any terminating event. I author attendance status to OPM in the manner written correspondence). 	1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 5 5 6 6 6 6 7 7 7 7 7 7 8 8 9 9 9 9 9 9 1 1 must immediately notify the Office of Personnel asfers to another school, discontinues schoolthan full-time, marries or dies. I agree to return all ading overpayments that may be made after I notify brize the appropriate school official to verify my school