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

Show any change of address on this form below:

				Form Approved: ONIB No. 3200-0032					
U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563									
A	0	0	0	0	0	0	0	0	0
F	1	1	1	1	1	1	1	1	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
	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7
	$\bigcirc$	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9
Student's name and date of birth						For Agency Use Only			
						I			IV
					C	laim numb	oer		
2. Currently certified thru					D	ate			

**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?				5. Is the student currently married?	
O Yes		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
O JAN	0 0	0 0		O JAN	0 0
○ FEB	1 1	1 1		○ FEB	1 1
O MAR	2 2	2 2	2222222	○ 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	O MAY	4 4
O JUN	5	5 5	5 5 5 5 5 5 5	◯ JUN	5 5
O JUL	6	6 6	666666666	ОЛПГ	6 6
O AUG	7	7 7		O AUG	7 7
○ SEP	8	8 8	88888888	○ SEP	8 8
OCT	9	9 9	99999999	Оост	9 9
O NOV				○ NOV	
O DEC				O DEC	
6. During the past of the school ter	12 months, did th rm, or change from	ne 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 ecrediting agency or
Yes. Show	date full-time atte	ndance ended. No		No	Yes
Month	Year		7. Show the school's name and address (including ZIP code):	O NO	O Tes
			,		
◯ JAN	0 0				
○ FEB	1 1				
O MAR	2 2				
○ APR	3 3				
O MAY	4 4				
◯ JUN	5 5				
O 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 you are certifying. Date should be on or after date shown in block 2.	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.	the school year?  Yes  No					
Month Day Year	Month Day Year						
JAN 0 0 0	JAN 0 0 0	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 1 1	month break?					
O MAR 2 2 2 2	○ MAR ② ② ② ②						
○ APR 3 3 3 3	APR 3 3 3 3	Undecided					
○ MAY 4 4	○ MAY 4 4 4						
<ul><li>JUN</li><li>⑤</li><li>⑤</li><li>⑤</li></ul>	JUN         5         5         5	○ No					
O AUG O O	O AUG 7 7 7	Yes. Show the beginning date of					
SEP 8 8 8	SEP 8 8 8	the next school year in block 13.					
OCT 9 9 9	OCT 9 9 9						
Nov	NOV						
○ DEC	O DEC						
13. Enter the estimated date the student will begin full-time attendance for the NEXT	14. Type of School shown in block 7.	15. Attendance for School shown in block 7.  Mark only one (A or B) below					
school year after the school year show <mark>n.</mark>	High School	A: Classroon Hours  B: Credit Hours such					
Month Year	Trade/Technical/or Vocational	per week, such as for as for college. High Schools or trade schools. (Combine work/study hours if					
JAN © ©	Jr. College/College/ Community College/or University	in a high school work study program.)					
<ul><li>✓ JAN</li><li>✓ FEB</li><li>✓ 1</li></ul>		Total Hours Total Hours					
MAR 2 2	Other: Indicate type of school						
APR 3 3							
$\bigcirc MAY \qquad \stackrel{\textcircled{4}}{\cancel{4}}$							
JUN (5) (5)		2 2 2 2					
JUL 6 6		3 3 3					
O AUG 7 7		4 4 4					
SEP 8 8		5 5 5					
OCT 9 9		6 6 6					
○ NOV		7 7 7					
○ DEC		8 8 8					
		9 9					
16. Is the student in a school-sponsored co-op or internship program?	WARNING: Any intentionally false statements of imprisonment, or both (18 USC 100	or willful misrepresentations are punishable by fine, 01).					
Yes (Attach a letter from the school	17. I certify that all information given in the	his certification is true and correct to the best of my					
explaining the program.)	knowledge and belief. I understand that I must immediately notify the Office of Personnel						
○ No		asfers to another school, discontinues school					
		than full-time, marries or dies. I agree to return all uding overpayments that may be made after I notify					
		orize 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 payme	Email address	Daytime telephone number (including area code)  ( )					
Signature of Student	Email address	Date (month/day/year)					