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 0 0	0 0	0 0 0 0				
F 1 1	1 1					
2 2	2 2	2 2 2 2 2				
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				
6 6	6 6	6 6 6 6				
7 7	7 7	7 7 7 7 7				
8	8 8	8 8 8 8				
9 9	9 9	9 9 9 9				
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 item 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 item 1 above?		4. Student's Social Security Number 5. Is the student currentl			
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		◯ JAN	0 0
○ FEB	1 1	1 1		○ FEB	1 1
O MAR	2 2	2 2	22222222	○ 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	○ MAY	4 4
◯ JUN	5	5 5	5 5 5 5 5 5 5	◯ JUN	5 5
◯ JUL	6	6 6	66666666	O JUL	6 6
O AUG	7	7 7		AUG	7 7
○ SEP	8	8 8	88888888	SEP	8 8
Ост	9	9 9	99999999	Ост	9 9
O NOV				O NOV	
O DEC				O DEC	
6. During the past in of the school term	12 months, did th m, or change from	ne student stop school before the end m full-time to part-time status?	Items 7 - 16 must be completed if the student returned or will return to school full-time on	recognized ac	accredited by a nationally crediting agency or
Yes. Show d	ate full-time atte	ndance ended. No	or after the date shown in item 2 above.	association?	O
Month	Year		7. Show the school's name and address (including ZIP code):	○ No	○ Yes
			(memang 211 code).		
◯ JAN	0 0				
○ FEB	1 1				
○ MAR	2 2				
○ APR	3 3				
O MAY	4 4				
◯ JUN	5 5				
◯ JUL	6 6				
O AUG	7 7				
○ SEP	8 8				
Ост	9 9		Phone number (if available & area code):		
○ NOV			(9		
O DEC			()		

Previous editions are not usable

full-time school attendance for the school year you are certifying. Date should be on or after date shown in item 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 (<i>NOT the semester</i>). This date must be later than the date shown in item 9.	11. Is the date given in term 10 the end of the school year? Yes No			
Month Day Year	Month Day Year				
JAN 0 0 0	O JAN 0 0 0 0	12. Does the student intend to return to school full-time			
FEB 1 1 1 1	FEB 1 1 1 1	after the date shown in item 10, with less than a 5 month break?			
O MAR 2 2 2 2	O MAR 2 2 2 2				
○ APR 3 3 3 3	APR 3 3 3 3	Undecided			
○ MAY 4 4 4	○ MAY 4 4 4				
JUN 5 5 5	JUN 5 5 5	○ No			
	<u></u>				
O AUG O O	O AUG O O	Yes. Show the beginning date of			
SEP 8 8 8	SEP 8 8 8	the next school year in item 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 item 7.	15. Attendance for School shown in item 7. Mark only one (A or B) below			
school year after the school year shown in items 9-10.	High School	A: Classroom Hours per week, such as for as for college.			
Month Year	Trade/Technical/or Vocational	High Schools or trade schools. (Combine			
JAN © ©	Jr. College/College/ Community College/or University	work/study hours if in a high school work study program.)			
FEB 1 1		Total Hours Total Hours			
MAR 2 2	Other: Indicate type of school				
APR 3 3					
$\bigcirc MAY \qquad \stackrel{\textcircled{4}}{\cancel{4}} \qquad \stackrel{\textcircled{4}}{\cancel{4}}$					
JUN (5) (5)		2 2 2 2			
○ JUL		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 or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).				
Yes (Attach a letter from the school	(Attach a letter from the school 17. I certify that all information given in this 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 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 payme	ents) Email address	Daytime telephone number (including area code)			
Signature of Student	Email address	Date (month/day/year)			
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