## 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
Ē 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
	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			
								IV
				Cla	iim numb	er		
2. Currently certified thru				Da	te			

**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
◯ 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		O AUG	7 7
○ SEP	8	8 8	88888888	○ SEP	8 8
ОСТ	9	9 9	99999999	Оост	9 9
O NOV				O NOV	
O DEC				O DEC	
6. During the past of the school ter	12 months, did them, 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 o	date full-time atte	ndance ended. No		No	Yes
Month	Year		7. Show the school's name and address (including ZIP code):	O No	i es
◯ JAN	0 0				
○ FEB	1 1				
O MAR	2 2				
○ APR	3 3				
O MAY	4 4				
◯ JUN	5 5				
◯ JUL	6 6				
O AUG	7 7				
○ SEP	8 8				
Оост	9 9		Phone number (if available & area code):		
○ NOV			,,		
O DEC			( )		

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.	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	11. Is the date given in block 10 the end of the school year?  Yes  No			
Month Day Year	date shown in block 9.  Month Day Year				
Month Bay Tear	Nonth Day Tear				
JAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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 month break?  Undecided  No  Yes. Show the beginning date of the next school year in block 13.			
○ OCT 9 9 9 9 ○ NOV	OCT 9 9 9 9 9 NOV				
DEC	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  JAN 0 0	Trade/Technical/or Vocational  Jr. College/College/ Community College/or University	per week, such as for as for college. High Schools or trade schools. (Combine work/study hours if in a high school work study program.)			
FEB 1 1 1	Other: Indicate type of school  WAPNING: Any intentionally false statements.	Total Hours  O O O O O O O O O O O O O O O O O O O			
or internship program?	<b>WARNING:</b> 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.)  No	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 authorattendance status to OPM in the manner written correspondence).	his certification is true and correct to the best of my at I must immediately notify the Office of Personnel 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 er requested by OPM (e.g., by telephone, fax, email, or			
Signature of payee (person who is receiving the payment	email address	Daytime telephone number (including area code)  ( )			
Signature of Student	Email address	Date (month/day/year)			