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

Show any change of address on this form below:

Form Approved: OMB No. 3200-0032							
U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563							
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F 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		
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7 7 7	7) (7)	7	7	7	7		
8 8 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						
		I			IV		
		Claim numb	er				
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	1 above? 4. Student's Social Security Number	5. Is the student currently married?
Yes No. Show the correct date bel		
Yes No. Show the correct date bel attach a birth certificate.	now and	No Yes. Show the marriage date below.
Month Day Year	Social Security Number	Month Year
O JAN 0 0 0 0) (i) (jan (ii) (ii) (iii) (ii
FEB 1 1 1 1) 1
○ MAR 2 2 2 2	2222222	2
APR 3 3 3 3	3 3 3 3 3 3 3	3 3 APR 3 3
	4 4 4 4 4 4 4	$\bigcirc 4 \bigcirc MAY \bigcirc 4 \bigcirc 4$
JUN 5 5 5	5 5 5 5 5 5	5 JUN 5 5
UL 6 6 6	6666666	6 6 5 JUL
O AUG 7 7 7		7 O AUG 7 7
SEP 8 8 8	888888	8 SEP 8 8
OCT 9 9 9	9999999	9 OCT 9 9
○ NOV		○ NOV
○ DEC		○ DEC
6. During the past 12 months, did the student stop school	l before the end Items 7 - 16 must be completed if the stud	ent 8. Is this school accredited by a nationally
of the school term, or change from full-time to part-tim	me status? returned or will return to school full-time	
of the school term, or change from full-time to part-tim Yes. Show date full-time attendance ended.	returned or will return to school full-time or after the date shown in item 2 above.	on recognized accrediting agency or
of the school term, or change from full-time to part-tim	me status? returned or will return to school full-time	on recognized accrediting agency or association?
of the school term, or change from full-time to part-tim Yes. Show date full-time attendance ended.	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-tim Yes. Show date full-time attendance ended.	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-tim Yes. Show date full-time attendance ended. Month Year	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-tim Yes. Show date full-time attendance ended. Month Year JAN 0 0	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN 0 0 FEB 1 1	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN 0 0 FEB 1 1 MAR 2 2	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN FEB 1 MAR 2 2 APR 3 3	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN MAR APR APR APR JUN JUN 5 5 JUL 6 6	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN MAR 2 APR APR JUN 5 5 JUL 6 6 AUG AUG 7 7	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN MAR 2 APR APR JUN JUN 5 6 6	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN MAR 2 APR APR JUN 5 5 JUL 6 6 AUG AUG 7 7	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address	on recognized accrediting agency or association?
of the school term, or change from full-time to part-time. Yes. Show date full-time attendance ended. Month Year JAN JAN MAR 2 APR APR JUN 5 5 JUL 6 6 AUG AUG 7 7 SEP 8 8 8	returned or will return to school full-time or after the date shown in item 2 above. 7. Show the school's name and address (including ZIP code):	on recognized accrediting agency or association?

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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 (NOT the semester). 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	JAN 0 0 0	12. Does the student intend to return to school full-time after the date shown in item 10, with less than a 5				
FEB 1 1 1 1	FEB 1 1 1 1	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				
	О лиг 6 6 6					
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 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				
○ 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	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 payments) Email address		Daytime telephone number (including area code)				
Signature of Student	Email address	Date (month/day/year)				