

**STUDENT REPORTING FORM**

Use this form only when there is a change to be reported.

**PRINT NAME OF STUDENT**

**SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID**

LETTER(S)

It is a nine-digit number (000-00-0000) followed by letter(s) C or HC.  
We cannot process your report without the correct claim number.

1.  **CHANGE OF ADDRESS** (Print new address at bottom of form.)

If the Social Security Administration is sending your payments to your financial organization, do you want this to continue?

YES  NO

2.  **WORKING AND WILL EARN OVER THE EXEMPT AMOUNT**

\$ \_\_\_\_\_ for the \_\_\_\_\_ year  
(specify) (specify)

a. I am working for wages of more than \$ \_\_\_\_\_ a month or performing substantial services in self-employment beginning with the month of...

**FILL IN BOTH BOXES**

b. I estimate that my total earnings for this taxable year will be...

MONTH AND YEAR

AMOUNT  
\$

3.  **MARRIAGE OF STUDENT**

DATE OF MARRIAGE  
(MONTH, DAY, YEAR)

4.  **NO LONGER ATTENDING ANY SCHOOL**

(Do NOT report this item merely because school year ended if you intend to resume full-time attendance after a vacation period of not more than 4 full calendar months.)  
The last day that I attended school on full-time basis was

MONTH, DAY, YEAR

5.  **REDUCED SCHOOL ATTENDANCE TO LESS THAN FULL-TIME**

The last day that I attended school on a full-time basis was

MONTH, DAY, YEAR

6a.  **CHANGED SCHOOLS** - I have arranged to transfer schools effective I am (will be) attending  full-time  part-time

MONTH, DAY, YEAR

b.  **NAME AND ADDRESS OF NEW SCHOOL** (Give sufficient information for location of your records.)

c. **TYPE OF NEW SCHOOL**

Secondary (High School level or below)

Post-secondary (College, Junior College, Trade, or Vocational)

OTHER \_\_\_\_\_ (specify)

d. **STUDENT IDENTIFICATION NUMBER**

STUDENT'S SOCIAL SECURITY NUMBER

e. **DATE SCHOOL YEAR WILL END**

MONTH AND YEAR

7a.  **STUDENT'S EMPLOYER IS PAYING STUDENT TO ATTEND SCHOOL**

I began attending school as part of my job on

MONTH, DAY, YEAR

b.  **NAME AND ADDRESS OF EMPLOYER**

8.  **INCARCERATION FOR CONVICTION OF A CRIME**

Student is confined in a jail, prison, or other correctional institution based on a conviction of a crime.

DATE OF INCARCERATION  
(MONTH, DAY, YEAR)

9.  **WARRANT ISSUED FOR STUDENT'S ARREST**

An unsatisfied warrant was issued for your arrest for a crime or attempted crime of flight to avoid prosecution or confinement or escape from custody.

DATE OF ARREST WARRANT  
(MONTH, DAY, YEAR)

**SIGNATURE OF PERSON MAKING THIS REPORT**

**NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE**

**CITY**

**STATE**

**ZIP CODE**

**DATE SIGNED**

**AREA CODE & TELEPHONE NO. (IF ANY)**

**ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE**

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## HOW TO REPORT

There are three ways to report:

1. **PHONE** Social Security and explain the change.

Telephone Number \_\_\_\_\_  
(Area Code)

2. **VISIT** any Social Security office.

3. **MAIL** this form to any Social Security office.

### MAKE SURE YOU FILL IN THESE NECESSARY DETAILS ON THE REVERSE SIDE OF THIS FORM:

- **NAME** of student about whom the report is made;
- The correct **CLAIM NUMBER** under which the benefits are payable;
- **WHAT** is being reported;
- Your **SIGNATURE** and **ADDRESS**.

If you mail your report, please use this reporting form and send it to the nearest Social Security office.

**NOTE:** REMEMBER TO TELL US WHEN YOU MOVE, EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

## WHAT TO REPORT

The kinds of events that you must report to Social Security are listed on the reverse side of this form. Check any of the events that apply to you and fill in any other information requested about the event. If you need more information to fill out this form, please read "Social Security: What You Need to Know When You Get Retirement or Survivors Benefits" and/or "Social Security: What You Need to Know When You Get Disability Benefits." If you do not have these publications, or if you want help in making a report, get in touch with any Social Security office for help.

## FAILURE TO REPORT

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case you will have to pay back any benefits you received that were not due to you.

Also, if you conceal or fail to disclose a reporting event with an intent to obtain benefits fraudulently either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in Section 208 of the Social Security Act.

## Privacy Act Statement

### Collection and Use of Personal Information

Sections 202(d), 203(f), and 205(a) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine continued entitlement of student benefits and to determine correct benefit amounts.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits entitlement. However, we may use the information for the administration of our programs including sharing information: 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and, 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notice 60-0089, entitled, Claims Folder System. Additional information about this and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

## Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 6 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

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