

**REPORT TO SOCIAL SECURITY ADMINISTRATION
BY STUDENT OUTSIDE THE UNITED STATES**
(Use this form ONLY when there is a change to be reported for a United States Social Security beneficiary)

Our address is:
Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

PRINT NAME OF STUDENT ABOUT WHOM REPORT IS MADE

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID It is a nine digit number (000 00-0000) followed by a letter or a letter and a number, such as C. C. MC. MC. Your report cannot be processed without the correct claim number

LETTER

If you need help in completing this form or additional information about your benefits, you may contact the nearest U.S. Social Security office, Embassy or Consulate. If you live in the Philippines, you may contact the U.S. Veterans Administration Regional Office in Manila.

Please MAIL THIS REPORT
DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

DATE EMPLOYMENT BEGAN

2. EMPLOYMENT (As employee or as self-employed person)

DATE OF MARRIAGE

3. MARRIAGE

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 a 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 change 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, such as type of school, branch or campus and division)

c. TYPE OF SCHOOL
 ELEMENTARY or SECONDARY SCHOOL UNIVERSITY OTHER (explain)

d. STUDENT IDENTIFICATION NUMBER

STUDENT'S SOCIAL SECURITY NUMBER

e. DATE SCHOOL YEAR WILL END

MONTH, 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 FELONY
Student is confined in a jail, prison, or other institution or correctional facility, based on a conviction for a felony committed after October 19, 1980. _____

DATE OF INCARCERATION
(Month, Day, Year)

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

MAILING ADDRESS (NUMBER AND STREET, APT NO.)

CITY OR TOWNSHIP

POSTAL CODE

COUNTRY

Notice: This report is authorized in order to confirm continuing eligibility to Social Security benefits as provided by law (section 202(d) of the U.S. Social Security Act, as amended (42 United States Code 402 (d))).

WHAT TO REPORT

The kinds of events that you must report to Social Security are listed below. Check any of the events that apply to you and fill in any other information requested about the event.

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 you.

Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits 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.

OTHER USES WHICH MAY BE MADE OF THE INFORMATION ON THIS REPORT

In addition to being used to determine if you are still eligible for U.S. Social Security benefits, this information may be disclosed to another individual or U.S. Government agency in order to:

- Assist U.S. Social Security in establishing the right of an individual to Social Security coverage and benefits;
- Facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security Programs; and
- Comply with U.S. Federal laws requiring the exchange of information between U.S. Social Security and another agency (such as the U.S. Department of State).

We may also use the information you give us when we match records by computer. Matching programs compare our record with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 6 minutes to read the instructions, gather the necessary facts, and answer the questions.

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