

# Verification of Full-Time School Attendance

Show any address change next to your address below.

U.S. Office of Personnel Management Retirement Surveys & Students Branch 1900 E Street, NW Washington, DC 20415-0001								
Claim number	<b>For Agency Use Only</b>							
	<table border="0"> <tr> <td style="text-align: center;">I</td> <td style="text-align: center;">II</td> <td style="text-align: center;">III</td> <td style="text-align: center;">IV</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	I	II	III	IV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I	II	III	IV					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Student's name	Social Security Number							
Certification Period	Date							

**Please return the completed form to us within 30 days to avoid interruption of payments for the student.**

The Office of Personnel Management is verifying the information you previously provided regarding the full-time attendance of the student named above. We must be sure that benefits are properly paid and continued eligibility requirements are met. Please have the verification form on the other side completed and signed by an official of the educational institution the student attended during the certification period shown above. We request that the **student** complete Part A and sign the release of information statement below. This will allow us to obtain any information we need from the school. Please return the completed form in the envelope provided to: Office of Personnel Management, Retirement Surveys and Students Branch, 1900 E Street, NW, Washington DC 20415-0001 or fax the form to (202) 606-0022. If the student named above has attended more than one school during the requested certification period, you may duplicate the verification form for each school as necessary. Please call us at 1-888-767-6738 or (202) 606-0249 if you have questions.

## Part A (To be completed by the student)

**1. Did you attend more than one school during the certification period shown above?**

No

Yes

If yes, you must provide verification from each school.  
You may photocopy this form as needed.

**2. Do you intend to return to school for the next school year?**

No

Yes

**3. Estimated date of return, if you answered yes to question 2.**

		/			/				
m	m		d	d		y	y	y	y

**4. Student's Phone Number**

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**5. I authorize the release of information about school attendance to OPM.**

**6. Student's Signature**

**7. Date**

		/			/				
m	m		d	d		y	y	y	y

**8. Email Address**

### Public Burden Statement

We estimate this form takes an average of one hour per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, Retirement Services Publications Team (3206-0215), Washington, DC 20415-0001. The OMB Number 3206-0215 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

