

**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 17769  
Baltimore, MD 21235-7769 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 number, such as C, C1, HC, HC1. Your report cannot be processed without the correct claim number

If you need help in completing this form or additional information about your benefits, you may contact your Federal Benefits Units. For a list of Federal Benefits Units, visit [www.socialsecurity.gov/foreign/foreign.htm](http://www.socialsecurity.gov/foreign/foreign.htm).

Please MAIL THIS REPORT DIRECTLY TO: Social Security Administration  
P.O. Box 17769  
Baltimore, Maryland 21235-7769 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1.	<input type="checkbox"/> <b>CHANGE OF ADDRESS</b> <i>(Print new address after signature below)</i> Check is change is for: <input type="checkbox"/> More than 6 months <input type="checkbox"/> 6 months or less	
2.	<input type="checkbox"/> <b>EMPLOYMENT</b> <i>(As employee or as self-employed person)</i>	<b>DATE EMPLOYMENT BEGAN</b>
3.	<input type="checkbox"/> <b>MARRIAGE</b>	<b>DATE OF MARRIAGE</b>
4.	<input type="checkbox"/> <b>NO LONGER ATTENDING ANY SCHOOL.</b> (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	<b>MM/DD/YYYY</b>
5.	<input type="checkbox"/> <b>REDUCED SCHOOL ATTENDANCE TO LESS THAN FULL-TIME</b> The last day that I attended school on a full-time basis was	<b>MM/DD/YYYY</b>
6a.	<input type="checkbox"/> <b>CHANGED SCHOOLS</b> I have arranged to change schools effective I am (will be) attending <input type="checkbox"/> full-time <input type="checkbox"/> part-time	<b>MM/DD/YYYY</b>
b.	<input type="checkbox"/> <b>NAME AND ADDRESS OF NEW SCHOOL</b> <i>(Give sufficient information for location of your records, such as type of school, branch or campus and division)</i>	
c.	<input type="checkbox"/> <b>TYPE OF SCHOOL</b> <input type="checkbox"/> Elementary or Secondary School <input type="checkbox"/> University <input type="checkbox"/> Other (explain) _____	
d.	<input type="checkbox"/> <b>STUDENT IDENTIFICATION NUMBER</b>	<b>STUDENT SOCIAL SECURITY NUMBER</b>
e.	<input type="checkbox"/> <b>DATE SCHOOL YEAR WILL END (MONTH, YEAR)</b>	
7a.	<input type="checkbox"/> <b>STUDENT'S EMPLOYER IS PAYING STUDENT TO ATTEND SCHOOL</b> I began attending school as part of my job on (MM/DD/YYYY)	
b.	<input type="checkbox"/> <b>NAME AND ADDRESS OF EMPLOYER</b>	

8. <input type="checkbox"/> <b>INCARCERATION FOR CONVICTION OF A FELONY</b> 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 (MM/DD/YYYY)
9. <input type="checkbox"/> <b>WARRANT ISSUED FOR STUDENT'S ARREST</b> Do you have an unsatisfied warrant for your arrest for a crime or attempted crime of flight to avoid prosecution or confinement or escape from custody?	DATE OF ARREST WARRANT (MM/DD/YYYY)

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 report 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**

**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 202(d), 203(h), and 205(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine your entitlement and benefits. We may also share your information for the following purposes, called routine uses:

1. To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
2. To the Department of State and its agents for administering the Act in foreign countries through facilities and services of that agency.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089 entitled Claims Folders System. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**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.