

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	For Agency Use Only
	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.

Part B (To be completed by the school)

For greater accuracy in processing this form, please complete the questions in a black felt tip or black ink pen.

This form must be completed and signed by an authorized school official. An authorized official of a high school is the principal, vice principal, assistant principal or equivalent. Above the high school level, the form should be signed by the registrar, dean, administrator, or the equivalent. At a technical or vocational school, the president, vice president, director, or the equivalent should sign.

1. Did _____ attend school full-time from _____ to _____?
name of the student *date (mm/dd/yyyy)* *date (mm/dd/yyyy)*

- No, go to Item 2.
- Yes, go to Item 3.

2. If the student attended school full-time for any period or periods during the school year being verified, please give the beginning and ending date for each period.

First Period:

Beginning Date

Grid for beginning date: m m / d d / y y y y

Ending Date

Grid for ending date: m m / d d / y y y y

Second Period, if any:

Beginning Date

Grid for beginning date: m m / d d / y y y y

Ending Date

Grid for ending date: m m / d d / y y y y

3. Check the type of educational institution.

- High School
- Vocational/Trade/Technical
- University/College/Graduate School
- Other

4. Name of educational institution

Grid for name of educational institution

5a. Street Address

Grid for street address

5b. City

Grid for city

5c. State

Grid for state

5d. Zip Code

Grid for zip code: -

6. Phone Number

Grid for phone number: () -

7. Date

Grid for date: m m / d d / y y y y

I certify that all information given in this verification is true and correct to the best of my knowledge and belief. OPM may further verify the information provided.

8. Signature of School Official

Grid for signature of school official

9. Email Address

Grid for email address

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. Authority: OPM is authorized to collect the information requested on this form by Civil Service Retirement Law (Chapter 83, title 5 U.S. Code), and the Federal Employees Retirement Law (Chapter 84, title 5, U.S. Code), which, provides for survivor benefits for children of deceased Federal employees and annuitants, including adult students aged 18 to 22 who are unmarried and are full-time students in recognized schools. Purpose: OPM is requesting this information in order to ensure that benefits are properly paid and continued eligibility requirements are met regarding the full-time attendance of the student listed on this form. Routine Uses: The information requested on this form may be shared externally as a "routine use" to other Federal agencies and third parties when it is necessary to process your request. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your suitability, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records systems of records notice, available at www.opm.gov/privacy. Consequences of Failure to Provide Information: Providing this information is voluntary. However, failure to provide this information may delay or prevent OPM from being able to properly administer benefits as you would desire. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 25-49. The information collected can only be obtained from the respondents.