Verification of Full-Time School Attendance

Show any address change next to your address below.

Retirement Survey 1900 E	sonnel Management s & Students Branch Street, NW DC 20415-0001
Claim number	For Agency Use Only
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 competed by the student)

1. Did you attend mo	ore than one sch	ool 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 r	eturn to school f	for the next school year?					
\bigcirc No	\bigcirc Yes						
3. Estimated date of $m = \frac{1}{m} 1$		Answered yes to question 2. 4. Student's Ph	one Number				
5. I authorize the rele	ease of informat	tion about school attendance to OPM. 7. Date					
6. Student's Signatur	е						
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 competed 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)
\bigcirc	No, go to Item 2.	\bigcirc Yes, go to It	em 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.

	Firs	t Per	riod:																		
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	\bigcirc	Higl	h Scho	ool												O University/College/Graduate School					
	\bigcirc	Voc	ationa	al/Tr	ade/	/Tec	hnica	al								С	Other				
4.	Nan	ne of	educ	atio	nal	inst	ituti	on													
5a	. Stro	eet A	ddre	SS																	
5b	. Cit	y										5c.	Sta	te		5d	d. Zip Code				
6. (. Phone Number ()													7. Date $ \begin{array}{c c} \hline m & m \\ \hline m & m \\ \end{array} / \begin{array}{c c} \hline m & d \\ \hline d & d \\ \end{array} / \begin{array}{c c} \hline y & y \\ \hline y & y \\ \end{array} y \\ \end{array} $							
l o in	certify forma	/ tha ation	t all in provi	form ded.	atio	n gi	ven i	n th	nis ve	rifica	tion is	s true	e and	d co	orrect	to the	he best of my knowledge and belief. OPM may further verify	t			
8.	Sign	atur	re of S	Scho	ol C	Offic	cial									9.	. Email Address				

Privacy Act Statement

Solicitation of this information is authorized by the Civil Service Retirement Law (Chapter 83, title 5 U.S. Code), and the Federal Employees Retirement Law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, or to report income for tax purposes. It may also be shared and verified, as noted above, with aventorement agencies when they are investigating a violation or potential violation of civil or criminal law. A complete list of routine uses can be found in the system of records notice associated with this form, OPM/Central-1, 73 FR 15013 (www.federalregister.gov/documents/2008/03/E8-5659/privacy-act-of-1974-notice-of-amended-system-of-records).