## 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 _			
Student's name	Social S	Security Nur	nber				
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 co	mpleted by the	student)			
1. Did you attend n	nore than one scho	ool during the certification per	riod 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 f	or the next school year?			
○ No	O Yes				
3. Estimated date o	of return, if you an	swered yes to question 2.	4. Student's Phone Number		
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5. I authorize the re	elease of informat	ion about school attendance to	OPM.		
6. Student's Signat	ure		7. Date		
8. Email Address					
		Public Burden	Statement		

The public reporting burden to complete this information collection is estimated at 60 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Personnel Management, RS Publications Team at RSPublicationsTeam@OPM.gov. Current information regarding this collection of information - including all background materials - can be found at https:// www.reginfo.gov/public/do/PRAMain by using the search function to enter either Verification of Full-Time School Attendance or 3206-0215.

RI 25-49 Previous editions are not usable Revised April 2024

## 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.

. Did	attend school fu	ll-time from _	to	
name of the student			date (mm/dd/yyyy)	date (mm/dd/yyyy)
○ No, go to Item 2.		Yes, go to It	tem 3.	
. If the student attended school full-time fo beginning and ending date for each per	or any period or periods du iod.	ring the scho	ol year being verif	ied, please give the
First Period:				
Beginning Date	En	ding Date		
	n	n m d	d y y y	v y
Second Period, if any:				
Beginning Date	En	ding Date		
		/	/	
m $m$ $d$ $d$ $y$ $y$ $y$	n	n m d	d y y y	v y
. Check the type of educational institution	ı <b>.</b>			
○ High School		University/C	College/Graduate So	chool
○ Vocational/Trade/Technical		Other		
Vocational/ Trade/ Technical		Olliei		
Name of educational institution				
a Stuart Adduses				
a. Street Address				
b. City	5c. State 5d	l. Zip Code		
			<b> </b>	
. Phone Number	7.	Date		
(		$\begin{bmatrix} & & & \\ & & & \\ & & & m \end{bmatrix}$	d d y y	y y
I certify that all information given in this verific	cation is true and correct to th			· ·
information provided.  Signature of School Official	0	Email Addre	56	
. Signature of School Official	9.	Eman Auure	55	
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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). 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.