Self-Certification of Full-Time School

Attendance For The School Year:

Show any change of address on this form below:

							Form A	pproved:	OMB No.	3206-0032
	U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563									
							v asiningi		20415-5.	505
((A)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
(F	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
		2	2	2	2	2	2	2	2	2
		3	3	3	3	3	3	3	3	3
		4	(4)	(4)	(4)	4	4	(4)	(4)	4
		5	5	5	5	5	5	5	5	5
		6	6	6	6	6	6	6	6	6
		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	7
		8	8	8	8	8	8	8	8	8
		9	9	9	9	9	9	9	9	9
1. Student's name and date of birth					For Agency Use Only					
								$\bigcirc \square$		IV
					Cla	Claim number				
2. Currently certified thru					Da	te				

IMPORTANT: Please read the enclosed instruction sheet before completing this form. To avoid interruption of payments, please complete this form immediately, using a pencil and darkening the entire oval; so our computer can process your form without delaying your payments. *Please complete this form for the entire school year* (not just one semester) *if plans are known; and complete it for one school year only.* Please do not take this form to the school. The person in the address above must sign in block 17. This is a personalized form, precoded for only the student shown in item 1.

3. Is the student's da	ate of birth correct as shown in block 1 above?	4. Student's Social Security Number	5. Is the student currently married?		
◯ Yes	No. Show the correct date below and attach a birth certificate .		◯ No	Yes. Show the marriage date below.	
Month	Day Year	Social Security Number	Month	Year	
🔘 JAN	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$	$\bigcirc \bigcirc $	JAN	\bigcirc \bigcirc	
◯ FEB			FEB	(1) (1)	
◯ MAR	2222	$\bigcirc \bigcirc $		22	
◯ APR	3 3 3 3	3 3 3 3 3 3 3 3 3 3	APR	3 3	
◯ MAY	4 4 4			(4) (4)	
◯ JUN	5 5 5	5 5 5 5 5 5 5 5 5	JUN	5 5	
\bigcirc ли	6 6 6	6 6 6 6 6 6 6 6 6 6	— ЛЛГ	6 6	
◯ AUG	$\bigcirc \bigcirc $	$\left[\begin{array}{c} \hline \\ \hline $	🔿 AUG	\bigcirc \bigcirc	
◯ SEP	8 8 8	8888888888	SEP	8 8	
🔘 ОСТ	9 9 9	999999999999	🔿 ост	99	
◯ NOV			◯ NOV		
◯ DEC			◯ DEC		
of the school term	2 months, did the student stop school before the end n, or change from full-time to part-time status?	Blocks 7 - 16 must be completed if the student returned or will return to school full-time on or after the date shown in block 2 above.		accredited by a nationally crediting agency or	
of the school term Yes. Show da	n, or change from full-time to part-time status? ate full-time attendance ended. No	returned or will return to school full-time on	recognized ac		
of the school term	n, or change from full-time to part-time status?	returned or will return to school full-time on or after the date shown in block 2 above.	recognized ac association?	crediting agency or	
of the school term Yes. Show da	n, or change from full-time to part-time status? ate full-time attendance ended. No Year	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN	n, or change from full-time to part-time status? ate full-time attendance ended. No Vear 0 0 1 1 2 2	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1 2 2 3 3	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB MAR	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB MAR APR	n, or change from full-time to part-time status? ate full-time attendance ended. No Vear 0 0 1 1 2 2 3 3 4 4 5 5	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Ves. Show da Month JAN FEB MAR APR MAY	n, or change from full-time to part-time status? ate full-time attendance ended. No Vear 0 0 1 1 2 2 3 3 4 4 5 5 6 6	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 7	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN JUL	n, or change from full-time to part-time status? ate full-time attendance ended. No Vear No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Ves. Show da Month JAN FEB MAR APR MAY JUN JUL AUG	n, or change from full-time to part-time status? ate full-time attendance ended. No Year 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 7	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address	recognized ac association?	crediting agency or	
of the school term Yes. Show da Month JAN FEB MAR APR MAY JUN JUL AUG SEP	n, or change from full-time to part-time status? ate full-time attendance ended. No Vear No 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8	returned or will return to school full-time on or after the date shown in block 2 above. 7. Show the school's name and address (including ZIP code):	recognized ac association?	crediting agency or	

full-time schoo	the student began of attendance for th ing. Date should b < 2.	ne school year	for the full scho ending date of t	the student plans ol year, you shou he full school yea date must be later	to attend d show the r (NOT the	 11. Is the date given in block 10 the end of the school year? Yes No 		
Month	Day	Year	Month	Day	Year			
◯ JAN	$\bigcirc \bigcirc$	0 0	◯ JAN	\bigcirc \bigcirc	0 0	12. Does the student intend to return to school full-time	e	
◯ FEB	$\underbrace{)}_{(1)}$	$\underbrace{)}_{1}$	◯ FEB	$\begin{array}{c} \bigcirc \\ \bigcirc \\ \hline \end{array}$	$\underbrace{)}_{(1)}$	after the date shown in block 10, with less than a 5 month break?		
\bigcirc MAR	22	22	\bigcirc MAR	22	22			
\bigcirc APR	3 3	3 3	\bigcirc APR	3 3	3 3	Undecided		
◯ MAY	4	$\underbrace{\overbrace{4}}^{\smile}$	◯ MAY	4	$\underbrace{\overset{\smile}{4}}_{4}$			
О лим	5	5 5	◯ JUN	5	5 5	O No		
О лл	6	66	О лл	6	6 6			
O AUG	$\overline{7}$	$\overline{7}$ $\overline{7}$	O AUG	7	77	Yes. Show the beginning date of		
◯ SEP	8	8 8	◯ SEP	8	8 8	the next school year in block 13.		
О ост	9	99	О ОСТ	9	99			
◯ NOV			◯ NOV					
◯ DEC			◯ DEC					
	mated date the stud a attendance for the		14. Type of School	shown in block 7	·	 Attendance for School shown in block 7. Mark only one (A or B) below 		
	fter the school year		O High School			A: Classroon Hours B: Credit Hou	ura quah	
Month	Year			ical/or Vocationa	1	per week, such as for as for college High Schools or trade schools. (combine		
			Jr. College/C	College/		work/study hours if in a high school work		
◯ JAN	$\bigcirc \bigcirc \bigcirc$		Community	College/or Unive	rsity	study program.) Total Hours Total Hours		
← FEB	(1) (1)		Other: Indica	ate type of school				
	22							
◯ APR	(3) (3)							
	$ \begin{array}{c} $							
⊖ JUN	5 5 6 6							
	6 6 7 7							
	$\begin{array}{c} (7) \\ (8) \\ (8) \\ (8) \end{array}$							
	88					5 5 5		
	99							
\bigcirc NOV \bigcirc DEC								
U DEC						8 8 8 9 9 9		
		1				P		
or internship p	in a school-sponse program?	ored co-op		v intentionally fals risonment, or bot		or willful misrepresentations are punishable by fine, 01).		
O Yes (Attac	Yes (Attach a letter from the school			17.				
explaining	the program.)		I certify that all information given in this certification is true and correct to the best of my					
O No			knowledge and belief. I understand that I must immediately notify the Office of Personnel Management (OPM) if the student transfers to another school, discontinues school					
			attendance, reduces attendance to less than full-time, marries or dies. I agree to return all					
						ng overpayments that may be made after I notify		
				ation I am furni		and OPM may ask the school to verify the accuracy	у	
Signature of payee (person who is receiving the payme						Daytime telephone number <i>(including area code)</i>		
Signature of Student								
Signature of Student						Date (month/day/year)		