Form Approved: OMB No. 3206-0032

Self-Certification of Full-Time School Attendance For The School Year:

Show any change of address on this form below:

Form Approved: OMB No. 3200-0032							
U.S. Office of Personnel Management Retirement Surveys & Students Branch, Washington, DC 20415-3563							
A 0 0 0 0	0 0	0	0	0	0		
F 1 1 1 (1 1		1	1	1		
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		
7 7 7	7 7	7	7	7	7		
8 8 8	8 8	8	8	8	8		
9 9 9	9 9	9	9	9	9		
Student's name and date of birth		For Agency Use Only					
		I			IV		
	(Claim numb	er				
2. Currently certified thru	Ι	Date					

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 item 17. This is a personalized form, precoded for only the student shown in item 1.

			Is a personalized form, precoded for only the	1	
		4. Student's Social Security Number	5. Is the student currently married?		
○ Yes	\sim	w the correct date below and a birth certificate.		O No	Yes. Show the marriage date below.
Month	Day	Year	Social Security Number	Month	Year
O JAN	0 0	0 0		◯ JAN	0 0
○ FEB	1 1	1 1		○ FEB	1 1
○ MAR	2 2	2 2	22222222	○ MAR	2 2
O APR	3 3	3 3	3 3 3 3 3 3 3 3	○ APR	3 3
O MAY	4	4 4	4 4 4 4 4 4 4 4	○ MAY	4 4
◯ JUN	5	5 5	5 5 5 5 5 5 5	◯ JUN	5 5
◯ JUL	6	6 6	66666666	O JUL	6 6
O AUG	7	7 7		AUG	7 7
○ SEP	8	8 8	888888888	SEP	8 8
Ост	9	9 9	99999999	Оост	9 9
O NOV				O NOV	
O DEC				O DEC	
6. During the past 1	12 months, did th	e student stop school before the end	Items 7 - 16 must be completed if the student		accredited by a nationally
	_	n full-time to part-time status?	returned or will return to school full-time on or after the date shown in item 2 above.	recognized ac association?	crediting agency or
Yes. Show d	ate full-time atte	ndance ended. Ono	7. Show the school's name and address	O No	O Yes
Month	Year		(including ZIP code):	1.0	<u> </u>
◯ JAN	0 0				
○ FEB	1 1				
○ MAR	2 2				
○ MAR ○ APR	2233				
O APR	3 3				
○ APR ○ MAY	3344				
APR MAY JUN	34455				
APR MAY JUN JUL	3 3 4 4 5 5 6 6				
APR MAY JUN JUL AUG	3 3 4 4 5 5 6 6 7 7		Phone number (if available & area code):		
APR MAY JUN JUL AUG SEP	3 3 4 4 5 5 6 6 7 7 8 8		Phone number (if available & area code):		
APR MAY JUN JUL AUG SEP OCT	3 3 4 4 5 5 6 6 7 7 8 8		Phone number (if available & area code):		

 Enter the date the student began or will begin full-time school attendance for the school year you are certifying. Date should be on or after date shown in item 2. 	10. Enter the date this school attendance will end or ended. If the student plans to attend for the full school year, you should show the ending date of the full school year (<i>NOT the semester</i>). This date must be later than the date shown in item 9.	11. Is the date given in item 10 the end of the school year? Yes No			
Month Day Year	Month Day Year				
O JAN	JAN 0 0 0	12. Does the student intend to return to school full-time			
FEB 1 1 1 1	FEB 1 1 1 1	after the date shown in item 10, with less than a 5 month break?			
MAR 2 2 2 2	MAR 2 2 2 2				
APR 3 3 3 3	APR 3 3 3 3	Undecided			
$\bigcirc MAY \qquad \qquad 4 \qquad 4 \qquad 4$	$\bigcirc MAY \qquad \boxed{4} \qquad \boxed{4} \qquad \boxed{4}$	Underded			
JUN	JUN 5 5 5	○ No			
JUL 6 6 6	UL 6 6 6	1.0			
O AUG 7 7 7	O AUG O O	Yes. Show the beginning date of			
SEP 8 8 8	SEP 8 8 8	the next school year in item 13.			
OCT 9 9 9	OCT 9 9 9				
O NOV	O NOV				
DEC	DEC				
13. Enter the estimated date the student will begin full-time attendance for the NEXT 14. Type of School shown in item 7.		15. Attendance for School shown in item 7. Mark only one (A or B) below			
school year after the school year shown in items 9-10.	High School	A: Classroom Hours B: Credit Hours such as for college.			
Month Year	Trade/Technical/or Vocational	High Schools or trade schools. (Combine			
JAN © ©	Jr. College/College/ Community College/or University	work/study hours if in a high school work study program.)			
FEB 1 1	Other: Indicate type of school	Total Hours Total Hours			
$\bigcirc MAR \qquad \bigcirc \bigcirc$	Other: indicate type of school				
APR 3 3					
$\bigcirc MAY \qquad \textcircled{4} \qquad \textcircled{4}$					
JUN (5) (5)		2 2 2 2			
○ JUL 6 6 6		3 3 3			
AUG 7 7		4 4			
SEP 8 8		5 5 5			
OCT (9) (9)		6 6 6			
Nov					
DEC		8 8 8			
		9 9 9			
16. Is the student in a school-sponsored co-op or internship program?	WARNING: Any intentionally false statements of imprisonment, or both (18 USC 100	or willful misrepresentations are punishable by fine,			
	* ' '	,			
Yes (Attach a letter from the school explaining the program.)	17. I certify that all information given in this certification is true and correct to the best of my				
	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				
○ No	attendance, reduces attendance to less than full-time, marries or dies. I agree to return all				
	overpayments of student benefits, including overpayments that may be made after I notify				
	OPM of any terminating event. I authorize the appropriate school official to verify my school				
	attendance status to OPM in the manner requested by OPM (e.g., by telephone, fax, email, written correspondence).				
Signature of payee (person who is receiving the paymen	nts) Email address	Daytime telephone number (including area code)			
Signature of student	Email address	Date (month/day/year)			