



PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psr-peers.org

CERTIFICATION OF SCHOOL OFFICIAL

This is to certify that _____
(name of student)

is enrolled in _____
(name of school, college, or university)

on a full-time basis, and that he/she is in attendance regularly.

The dates for the fall term/first semester are: _____

NOTE:

This certification is instrumental in determining the student's eligibility for survivor benefits.

Date

Signature & Title of Certifying Official

*Please affix seal of institution at the right, OR
obtain notarization below, acknowledging the
signature of the certifying official*

(Seal of Institution)

Subscribed and sworn to before me at:

City _____ State _____

This _____ day of _____, 20 _____

My commission expires _____

Signature of Notary Public

(Notary Seal)