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CERTIFICATION OF SCHOOL OFFICIAL

FALL SEMESTER

SECTION A – STUDENT INFORMATION

Student's Name	
Payment Account ID	Dependent ID

SECTION B – SCHOOL INFORMATION

Name of School, College or University		Telephone ()	
Mailing Address	City	State	ZIP

The dates for the fall term/first semester are:

SECTION C – CERTIFICATION

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

This is to certify that the student named above is enrolled on a full-time basis, and that he/she is in attendance regularly.

Printed Name and Title of Certifying Official	Seal of Institution
Original (Written) Signature of Certifying Official Required X	
Date	

SECTION D – NOTARY PUBLIC

In lieu of the seal of institution, please obtain notarization below acknowledging the signature of the certifying official.

To be completed by Notary Public:

Subscribed and sworn to before me on this _____ day of _____, 20____, at _____,
 _____, County, _____

My commission expires _____

X

 Signature of Notary Public

(seal)