



**PUBLIC SCHOOL RETIREMENT
SYSTEM OF MISSOURI**

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Jefferson City, MO 65102-0268
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Toll Free: (800) 392-6848
Fax: (573) 634-7934
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CERTIFICATION OF SCHOOL OFFICIAL SPRING SEMESTER

SECTION A – STUDENT INFORMATION

Student's Name	Payment ID	Account ID	Dependent ID
Name of School, College or University			
School, College or University Mailing Address			
Telephone ()	City	State	ZIP

SECTION B – PARENT CERTIFICATION

I certify that _____ is enrolled in school full time and is not married.

Parent Signature (**REQUIRED**)

X

SECTION C – SCHOOL, COLLEGE OR UNIVERSITY CERTIFICATION

This is to certify that the student named above is enrolled on a full-time basis.

The dates for the spring term/second semester are:	Seal of Institution
Printed Name and Title of Certifying Official	
Signature of Certifying Official (REQUIRED) X	
Date	

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)