



**PUBLIC SCHOOL RETIREMENT  
SYSTEM OF MISSOURI**

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

# CERTIFICATION OF SCHOOL OFFICIAL SPRING 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 spring term/second 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
<b>Original (Written) Signature of Certifying Official Required</b> <b>X</b>	
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)