



**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
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

CERTIFICATION OF SCHOOL OFFICIAL

FALL SEMESTER

SECTION A STUDENT INFORMATION

Student's Name	Payment 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 fall term/first semester are:	Seal of Institution
Printed Name and Title of Certifying Official	
Signature of Certifying Official (REQUIRED)	
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)