



**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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# CERTIFICATION OF SCHOOL OFFICIAL

## FALL SEMESTER

### SECTION A – STUDENT INFORMATION

Student's Name	Payment Account ID	Member 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 ( <b>REQUIRED</b> )	
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)