



**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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Website: www.psrs-peers.org

# CERTIFICATION OF SCHOOL OFFICIAL SPRING 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 spring term/second semester are:	Seal of Institution
Printed Name and Title of Certifying Official	
Signature of Certifying Official ( <b>REQUIRED</b> ) <b>X</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)