693 W. Nye Lane
Carson City, NV 89703
(775) 687-4200
Fax (775) 687-5131

5820 S. Eastern Ave., Suite 220
Las Vegas, NV 89119
(702) 486-3900
Fax (702) 678-6934

Toll Free 1-866-473-7768

STUDENT CERTIFICATION FORM

INSTRUCTIONS: Student completes Section I. School Representative completes Section II. If your school cannot complete Section II, we will accept a letter from your school or a printout from the National Student Clearinghouse indicating your full-time enrollment. This information must be attached to the Student Certification Form and returned to the above address. Your Student Certification Form must be received in our office by_____in order to maintain the continuous payment of your student benefit.

SECTION I: COMPLETED BY STUDENT

I hereby certify I am an unmarried student attending school on a full-time basis. I further certify I will notify the Public Employees Retirement System immediately if my status changes to less than full-time. I understand that failure to enroll and submit proof of my full-time student status will result in my benefit being stopped and will require the reimbursement of all benefits paid retroactively to the end of the last semester attended as a full-time student. I also understand my benefit will stop as of the first of the month following my marriage or my 23rd birthday regardless of whether or not I am a full-time student.

_____ _____ (_____)_____
Student's Signature Date Phone Number

SECTION II: COMPLETED BY SCHOOL

Student Name:_____ Soc. Sec. No:_____

I certify that the above student is or has been enrolled in this school during the school year listed below:

Semester: _____ to _____ Number of Credits:_____
Start date End Date

The number of credits per semester which constitutes full-time for this school is _____

_____ _____
Signature of School Representative Date

Name of School: _____
Address: _____
_____

Phone Number: (_____)_____

PERS Use Only
Date Received