

**Florida Retirement System
Student Report Form**



PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 Fax: 850-410-2010

Student SSN _____ Member SSN _____

Student Name _____ Member Name _____

The above named student has applied for a benefit which requires that he or she is enrolled at an institution of higher learning during the period of benefit payments. Please certify the student's enrollment status at your institution.

This is to certify that the student named above is currently enrolled at:

Institution Name _____

Address _____

School Schedule (check one): Semester _____ Quarter _____

This student enrolled for academic credit at this institution on (Month/Year): _____

Please indicate how the student is enrolled (check one): Full Time _____ Part Time _____

If the student has an anticipated graduation date on file, please provide the date: _____

Official School Seal or Stamp

Registrar's Printed Name: _____

Registrar's Signature: _____

Official Title: _____

Phone Number: _____

Date: _____

This form must be completed by the Registrar and returned to the above address.