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CERTIFICATION OF SCHOOL OFFICIAL

This is to certify that _____
(name of student)

is enrolled in _____
(name of school, college, or university)

on a full-time basis, and that he/she is in attendance regularly.

The dates for the spring term/second semester are: _____

NOTE:

This certification is instrumental in determining the student's eligibility for survivor benefits.

Date

Signature & Title of Certifying Official

*Please affix seal of institution at the right, OR
 obtain notarization below, acknowledging the
 signature of the certifying official*

(Seal of Institution)

Subscribed and sworn to before me at:

City _____ State _____

This _____ day of _____, 20 _____

My commission expires _____

Signature of Notary Public

(Notary Seal)