

Teachers' Retirement System
Student Report Form
PO Box 9000
Tallahassee FL 32315-9000
(850) 488-5207
Toll Free: (877) 377-4347



Student SSN _____ Member SSN _____
Student Name _____ Member Name _____

This is to certify that the student named above is attending:

Institution _____
Address _____

This student began attendance for academic credit at this institution on (Month/Year) _____
and is expected to graduate (Month/Year) _____.

(A date must be given for graduation even though it may be an approximate date, in order for benefits to begin.)

Official School Seal _____ Registrar Signature _____
Official Title _____
Phone Number _____
Date _____

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