

Florida Retirement System Pension Plan
Student Report Form
PO Box 9000
Tallahassee, FL 32315-9000
850-907-6500
Toll Free: 844-377-1888



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.