



FSM Social Security Administration
P.O. Box L
Kolonia, Pohnpei FM 96941
Tel. No. (691) 320-2708 Fax No. (691) 320-2607
E-Mail: FSMSSA@mail.fm

CERTIFICATION OF SCHOOL ATTENDANCE

NOTICE: This certification must be mailed/sent directly by the school to the above address. FSMSS will not honor certification sent by the beneficiary, his/her parents or guardian or from any sources other than the authorized school official.

This certification is requested on behalf of the student named below to determine his/her entitlement to continue receiving social security benefits payable by the Federated States of Micronesia Social Security Administration. Your cooperation in promptly completing and returning this form will be appreciated.

Name of Student and SS No.	Date of Birth
Deceased Wage Earner's Name	Wage Earner's SS No.
	Recipient's SS No.

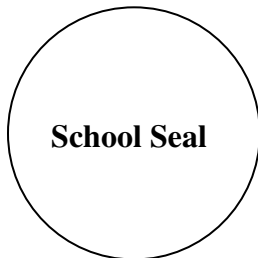
TO: Social Security Administrator School Year: _____
Grade/College Class Level: _____

FROM: _____
(Name of School)

(Address)

This is to certify that _____ is/will be
(Name of Student)
attending this school from _____, 20____ and is
expected to remain in school until the end of the school year/term ending on or about
_____, 20_____.

I certify according to this institution's records that the information given above is true.



School Seal

(Signature of School Official)

(Title)

(Date)

If no school seal, please add initials: _____