CERTIFICATION OF SCHOOL ATTENDANCE

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 Marshall Islands Social Security Administration. Your cooperation in promptly completing and returning this form will be appreciated.	
NAME OF STUDENT: _____ **Social Security Number: 04-**	**DATE OF BIRTH: / / /**
DECEASED WAGE EARNER'S NAME: **SSN: 04-**	**RECEIPIENT'S SSN: 04-**

TO : Social Security Administrator **SCHOOL YEAR: 200___ to 200___**

FROM: _____
(School Administrator or Official)

_____
(Address)

This is to certify that_____is/will be attending

this school from _____, 200_____ and is expected to remain in this school

until the end of the school year or term ending on or about _____, 200_____.

I certify that according to this institution's records, the informations given above are true and correct.

_____
(Signature of School Official)

_____
(Title)

_____
(Date)

Seal