

## Education Affidavit

<b>Part A: For Completion by Student</b>			
First Name _____	Last Name _____	Last 5 Digits of SSN _____	
Date of Birth _____			
Name of School _____			
Street Address of School _____	City of School _____	State of School _____	Zip of School _____

**Please Read Carefully:**

I understand that as a beneficiary under Chapter 411 I am entitled to a monthly benefit until I reach age twenty-two (22) as long as I continue to be enrolled as a **full-time student** at an **accredited** college, university, junior college, or technical school. **I also understand that I must notify MFPRSI immediately if I leave school for any reason or my enrollment changes to less than full-time status.** If I fail to provide proper notification, I understand that I will be responsible for refunding to MFPRSI any benefit payments received.

I hereby authorize release of the requested education information to the MFPRSI.

Signature of Student _____	Date _____	
Current Mailing Address _____		
City _____	State _____	Zip _____
Email _____	Phone _____	

## Education Affidavit

### Part B: For Completion by the School Registrar

**RE: Student's Name** \_\_\_\_\_

Please provide information concerning the above referenced individual's status at your school for the current term as identified below:

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

1. Is the above student **scheduled to be in full-time attendance** according to the school's standards and practices **for the period entered above**?  Yes  No
2. Is the above student scheduled to graduate upon completing the current term?  Yes  No

If "yes," what is the anticipated graduation date? \_\_\_\_\_

3. For the **previous school term**, was the above student **in full-time attendance for the entire term** according to the school's standards and practices? (For evening students, use the same standards applicable to day students.)  Yes  No
4. Please indicate the type of school: 

Junior College, College, or University	<input type="checkbox"/>
Technical, Trade, or Vocational	<input type="checkbox"/>
High School	<input type="checkbox"/>
Other (Please specify):	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_  
Signature of School Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Please return this information to:

**Municipal Fire & Police Retirement System of Iowa**  
**7155 Lake Drive, Suite 201**  
**West Des Moines, IA 50266**

**Fax: 515-254-9300**