

# MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA

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## EDUCATION AFFIDAVIT

### Part A: For Completion By Student

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Social Security Number: XXX - XX - \_\_\_\_\_

Name and Address 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Part B: For Completion By School Registrar**

RE: (ENTER NAME OF STUDENT):

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

\_\_\_\_\_ Technical, Trade, or Vocational

\_\_\_\_\_ High School

\_\_\_\_\_ Other (Please Specify)

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

\_\_\_\_\_  
Date

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

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

Please return this information to:

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