

## Education Affidavit

### Part A: To be completed by the student.

\_\_\_\_\_  
 First Name Middle Name Last Name

\_\_\_\_\_  
 Date of Birth Last 5 Digits of SSN

\_\_\_\_\_  
 Email Phone

Name and Address of School: \_\_\_\_\_  
 Name of School

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip

### 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: \_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip

## Education Affidavit

### Part B: To be completed by school registrar.

Re: (Enter Name of Student):

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last 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 at which the student is enrolled:

Junior College, College or University

Technical, Trade, or Vocational

High School

Other. Please specify: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Registrar

\_\_\_\_\_

Signature of School Registrar

\_\_\_\_\_

Date

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

Please return this completed form to:

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

Or by fax to:  
**515.254.9300**