

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