

## CERTIFICATION OF PAST ATTENDANCE

### Section A: Member information

Name of deceased member: First, MI, Last, Suffix (Jr., III, etc.)

Social Security number

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### Section B: Student information

Name of student

Date of birth

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Permanent address (street or post office box)

Permanent City, State, ZIP code

Phone number

Social Security number

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### Section C: School information

Name of school

Street address of school

School's city, state, ZIP code

### Section D: Past attendance

yes     no

The above named student was continuously enrolled during the **past** school semester or quarter in a course of study that meets at least two-thirds (8 hours) of the normal, full-time curriculum requirements according to the school's standards and practices.

\_\_\_\_\_ hours

If the student **was not** continuously enrolled for at least two-thirds (8 hours) of the full-time curriculum, please indicate the number of hours for which the student was enrolled.

\_\_\_ / \_\_\_ / \_\_\_\_\_

Date the student began the school semester or quarter.

\_\_\_ / \_\_\_ / \_\_\_\_\_

Date the student ended the school semester or quarter.

### Section E: Signature and acknowledgement

I hereby certify that, according to school records, the above information is correct.

Signature of school official

Date of signature



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Print name

Title