



NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

SCHOOL ATTENDANCE CERTIFICATION

Please provide all the information requested on this form for the period indicated. Failure to do so may result in a delay in processing benefits for the applicant.

TO BE COMPLETED BY STUDENT

Name:	SSN:	Date of Birth:
Address:		

TO BE COMPLETED BY SCHOOL

School Name:	School Identification Number:
School Address:	
Type of School:	<input type="checkbox"/> High School <input type="checkbox"/> Technical/Trade/Vocational <input type="checkbox"/> College/University <input type="checkbox"/> Other, <i>specify</i> : _____
Attendance:	Term:
From: _____ (MONTH/DAY/YEAR) To: _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer
Is student in "full time" attendance in accordance with School's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class Level:	<input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Graduate <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior

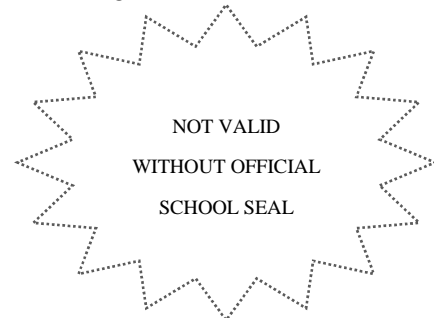
I certify that in accordance with this school's records, the information given above is correct and true.

OFFICIAL'S NAME: _____

POSITION TITLE: _____

SIGNATURE: _____

DATE: _____



SF-4B (REV 01/2015)