Form MSD14
R102011

DO NOT FAX FORM
PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

Certification of Student Status

Member's First Name | **Middle Name** | **Last Name** | **Deceased Member's SSN**

SECTION 1: STUDENT'S INFORMATION (TO BE COMPLETED BY APPLICANT)

Student's First Name | **Middle Name** | **Last Name** | **Student's Social Security Number**

☐ Single ☐ Male
☐ Married ☐ Female

Birth Date

Term: (Ex SPRING 2012)

Student's Mailing Address | **City** | **State** | **Zip Code**

Daytime Area Code/Phone Number | **Evening Area Code/Phone Number** | **E-mail Address**

SECTION 2: STUDENT'S CERTIFICATION AND AUTHORIZATION

I attest that I am the beneficiary of the above named deceased member of the Louisiana State Employees' Retirement System (LASERS) and eligible to receive survivor benefits. Based on the definitions I received, I attest that I am a full-time student in full-time attendance at the school named on this form.

I certify that the foregoing statements are true to the best of my knowledge and belief. I further certify that I will advise LASERS of any change in my status, including marriage, graduation, suspension, expulsion, or other such cause of voluntary or involuntary non-attendance at this school or college.

I hereby authorize and consent that the school or college named on this form may release any and all information relative to my enrollment to LASERS, for the purpose of verifying my eligibility for this benefit which is dependent upon my full-time enrollment. I understand that an incomplete form will be returned to me to be completed, which may delay my benefits.

Student's Signature | **Date**

CONTINUE ON NEXT PAGE

Student's SSN

SECTION 3: TO BE COMPLETED BY THE SCHOOL OR COLLEGE OFFICIAL

Please type or print all information and complete this form in its entirety. Failure to do so will result in a delay of benefits. Return the completed form to LASERS at the above mailing address.

☐ High School ☐ Technical, Trade or Vocational School ☐ College or University ☐ GED or Adult Education Center

What are the dates of the current term? Beginning _____ Ending _____

Is the above student enrolled in the current term? ☐ Yes ☐ No **Number of hours enrolled:** _____

Is the above student enrolled full-time? ☐ Yes ☐ No **What is the last date to drop without a grade?** _____

Was the above student full-time in the previous term? ☐ Yes ☐ No **Number of hours enrolled:** _____

If not full-time, what are the last dates of enrollment as a full-time student? Beginning _____ Ending _____

Anticipated date of graduation: _____ **Credits earned to date:** _____

Name of School _____ **School Telephone Number** _____

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Printed Name of Authorized Signer _____ **Title** _____

Authorized Signature _____ **Date** _____

University or School Seal _____ **Additional Comments** _____

Reset Form