



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

**Student School Certification and Release**

Member's First Name	Middle Name	Last Name	Deceased Member's SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Student's First Name	Middle Name	Last Name	Student's Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Single       Male      Birth Date:       Term: (Ex SPRING 2012)   
 Married       Female

Student's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>

**SECTION 3: SCHOOL INFORMATION**

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

Name of School	School Telephone Number
<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>