Republic of Palau
SOCIAL SECURITY ADMINISTRATION
P. O. Box 679 Koror, Republic of Palau, PW 96940
Phone: (680) 488-2457 or Fax: (680) 488-1470
E-mail: administration@ropssa.org

CERTIFICATION OF SCHOOL ATTENDANCE

This certification is requested on behalf of the student named below to determine entitlement to social security benefits payable by the Republic of Palau Social Security Administration. Your cooperation in promptly completing and returning this form, one per school year, will be appreciated.

Name of Sudent: SS Number: _____	Date of Birth: / / Mo. Day Year
Name of Deceased Worker:	Deceased Worker SSN:

To: Social Security Administration
P.O. Box 679
Koror, Republic of Palau 96940

From: _____ _____
(Name of School) (Address/P.O. Box)

_____ _____
(City, State, Zip Code) (Telephone Number)

This is to certify that _____ *is/will be attending school from* _____ *20* _____ *and is expected to remain in school until the end of this year/term ending on or about* _____ *20* _____.

I certify that according to this institution's records, the information given above is true and correct.

SEAL

_____
(Print Name of School Official)

_____
(Signature of School Official)

_____
(Title)

_____
(Date)