



# MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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## CERTIFICATE OF COMPLETION

MAIL ORIGINAL TO MPERS

This form should not be completed until the end of the semester/quarter.

### SECTION 1: STUDENT MUST COMPLETE THIS SECTION

Student's Name:

Student's SSN (REQUIRED):

Student's Mailing Address:

City:

State:

Zip Code:

Student's Phone Number:

Student's Email:

Student's Signature:

Marital Status:

Date:

### SECTION 2: SCHOOL MUST COMPLETE THIS SECTION

This is to certify that the above named individual has **completed** as a **full-time student** \_\_\_\_\_,  
(semester/quarter, year). If high school, \_\_\_\_\_ grade.

Name of School:

Address of School:

Date semester/quarter/grade began:

Date semester/quarter/grade ended:

**Anticipated Graduation Date:**

Certified by: (Signature of School Official)

Date Certified:

Printed Name:

Title:

Phone Number:

Fax Number:

Email address:

**Affix Official School Seal (required)**

For informational purposes, please provide the beginning date for the next semester/quarter: \_\_\_\_\_  
PLEASE REPORT ANY CHANGES TO THIS INDIVIDUAL'S STATUS TO OUR OFFICE AS SOON AS POSSIBLE.