



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 Office Park Boulevard Suite 200 Baton Rouge, Louisiana 70809-7601
Phone 800.443.4248 / 225.929.7411 Fax 225.929.6542 Web lampers.org

CERTIFICATE OF ENROLLMENT

MAIL ORIGINAL TO MPERS

This form should not be completed earlier than two weeks prior to the first day of class.

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 is enrolled and **attending** as a **full-time student** for the _____
, _____ (semester/quarter, year). If high school, _____ grade.

Name of School:

Address of School:

Date semester/quarter/grade will begin or began:

Date semester/quarter/grade will end:

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)

PLEASE REPORT ANY CHANGES TO THIS INDIVIDUAL'S STATUS TO OUR OFFICE AS SOON AS POSSIBLE.