

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-6366

Print in ink or type all entries except signatures. Section 1 must be completed by the student, guardian, surviving parent, or disability retiree and forwarded to the registrar or other school official. The registrar/school official must complete Section 2 and forward directly to the Teachers' Retirement System of Louisiana (TRSL). This information is necessary for TRSL to verify that the individual named below is a full-time student and eligible for a benefit.

Section 1 — Student information (Complete ONLY for children between the ages of 21 and 23)

Student name: Last, first, MI, suffix (Jr., III, etc.)	Student date of birth (mm/dd/yyyy)	Student Social Security number (###-##-####)
Disability retiree or deceased member name: Last, first, MI, suffix (Jr., III, etc.)	Disability retiree or deceased member SSN (###-##-####)	
Name of school	School location (city and state)	
Student's school address: Street / PO box	Student's permanent address: Street / PO box	
City, state, zip	City, state, zip	
Student's email	Student's daytime phone number (include area code)	

Check appropriate box(es) to indicate a new address. If checked, TRSL will update your file to reflect the address(es) listed above.

☐ School address ☐ Permanent address ☐ Both

Signature of student, guardian, surviving parent, or disability retiree (to authorize change of address(es))



Date signed (mm/dd/yyyy)

Section 2 — Certification by registrar/school official

The student must be enrolled in a sufficient number of courses and classes to be considered a full-time regular student under the criteria used by your institution.

1. Is the above student now in full-time attendance according to the school's standards and practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Provide beginning and ending dates (mm/dd/yyyy) of the current semester.	Beginning date	Ending date
3. Was the above student in full-time attendance according to the school's standards and practices during the entire preceding semester? (If answer is no, please complete #4 below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Provide beginning and ending dates of the student's last full-time attendance:	Beginning date	Ending date
5. Provide anticipated graduation date (optional):	Anticipated graduation date (mm/dd/yyyy)	

I hereby certify that the information provided above is correct.

PRINT name of registrar/school official



Registrar/school official's email address

SIGNATURE of registrar/school official (No digital signatures accepted) (DO NOT PRINT OR TYPE)



Date signed (mm/dd/yyyy)

School address: Street / PO box

City, state, zip