



**Teachers' Retirement System of Louisiana**  
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 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
 www.TRSL.org • web.master@trsl.org

Form 13C (04/14)

**09-13C**

### Student Attendance Certification

**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's name: Last, first, MI, suffix (Jr., III, etc.)		Student's date of birth (mm-dd-yyyy)																																								
Student's Social Security number	Disability retiree or deceased member's Social Security number																																									
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
Name of school	School location (city and state)																																									
Student's school address: (Street/P.O. Box)	Student's permanent address: (Street/P.O. 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.																																										
<input type="checkbox"/> School address <input type="checkbox"/> Permanent address <input type="checkbox"/> 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 of the current semester.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Beginning date (mm-dd-yyyy)</td> <td style="width: 50%; padding: 2px;">Ending date (mm-dd-yyyy)</td> </tr> </table>	Beginning date (mm-dd-yyyy)	Ending date (mm-dd-yyyy)
Beginning date (mm-dd-yyyy)	Ending date (mm-dd-yyyy)		
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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Beginning date (mm-dd-yyyy)</td> <td style="width: 50%; padding: 2px;">Ending date (mm-dd-yyyy)</td> </tr> </table>	Beginning date (mm-dd-yyyy)	Ending date (mm-dd-yyyy)
Beginning date (mm-dd-yyyy)	Ending date (mm-dd-yyyy)		

I hereby certify that the information provided above is correct.

Signature of registrar/school official (No facsimile accepted)	Date signed (mm-dd-yyyy)
School address (Street/P.O. Box)	
City, state, zip	