



Student Attendance Certification

(Form 13C)

09-13C
rev. 11/24

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