



*Republic of Palau*  
**SOCIAL SECURITY ADMINISTRATION**

P. O. Box 679 Koror, Republic of Palau, PW 96940  
 Phone: (680) 488-2457 or Fax: (680) 488-1470  
 E-mail: [administration@ropssa.org](mailto:administration@ropssa.org)

**CERTIFICATION OF SCHOOL ATTENDANCE**

This certification is requested on behalf of the student named below to determine entitlement to social security benefits payable by the Republic of Palau Social Security Administration. Your cooperation in promptly completing and returning this form, one per school year, will be appreciated.

Name of Student:  SS Number:	Date of Birth:      /      /  Mo.      Day      Year
Name of Deceased Worker:	Deceased Worker SSN:
Name of Benefit Payee:	Benefit Payee SSN:

From: \_\_\_\_\_

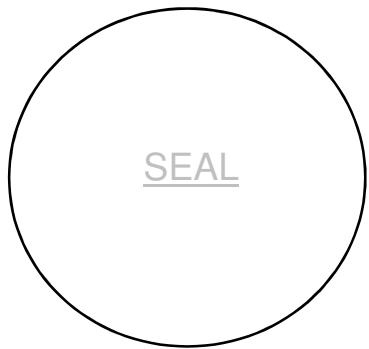
(Name of School) (Address/P.O. Box)

\_\_\_\_\_

(City, State, Zip Code) (Telephone Number)

*This is to certify that \_\_\_\_\_ is/will be attending school from \_\_\_\_\_ 20 \_\_\_\_\_ and is expected to remain in school until the end of this year/term ending on or about \_\_\_\_\_ 20 \_\_\_\_\_.*

*I certify that according to this institution's records, the information given above is true and correct.*



\_\_\_\_\_

(Print Name of School Official)

\_\_\_\_\_

(Signature of School Official)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Date)