



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101, Fax: (692) 625-4570

E-mail: missaclaims@ntamar.net

CERTIFICATION OF SCHOOL ATTENDANCE

Part I. To be completed by the Student him/her-self

Name _____ Social Security Number _____
(RMI Social Security Number)

My application has been submitted Marshall Island Social Security Administration

Signature _____ Date _____

Part II. To be completed by school officials

1. School Name _____ School Year _____

City, State, Zip _____

2. Overall GPA: _____ 4-pt scale other _____ - point scale
(Optional) (Optional)

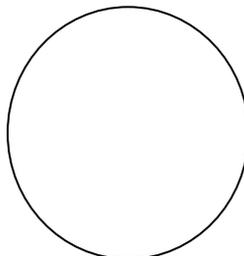
Student will continue to attend school from _____, 20____ and is expected to remain
in this school until the end of school year or term ending on or about _____, 20____

I hereby declare that the information and record(s) submitted as indicated above is true and correct to
the best of my knowledge and belief

School official's name (please print) _____

Signature _____ Date _____

Position _____ Phone _____



School Seal