



AFFIDAVIT OF OUT-OF-STATE-SERVICE

A School Official should execute this form

Member Information	
Member's Name _____	SSN _____
Mailing Address _____	
City _____	State _____ Zip Code _____
Phone Number (____) _____	E-mail Address _____

District Name _____

District Address _____

Important: Please list the fiscal years that service was rendered in your district below, one fiscal year per line.

Fiscal Year	Position	Number of Days Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the records for the above named member are taken from the official school records.

Signature _____ Date _____

Title _____

Phone Number (____) _____ E-mail Address _____

MEMBER PLEASE NOTE: When the completed form is received, ATRS will request certification from the state retirement system where the service was rendered. You must not be eligible for benefits based on the service. When the certification is received by ATRS, an estimate of your cost will be prepared and mailed to you.