

STUDENT REPORTING FORM

Use this form only when there is a change to be reported.
Check any of the events that apply to you and fill in any other information requested about the event.

PRINT NAME OF STUDENT

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID LETTER(S)

It is a nine-digit number (000-00-0000) followed by letter(s) C or HC.
We cannot process your report without the correct claim number.

1. **CHANGE OF ADDRESS** (*Print new address on Page 2.*)
If the Social Security Administration is sending your payments to your financial organization, do you want this to continue? YES NO

2. **WORKING AND WILL EARN OVER THE EXEMPT AMOUNT** \$ _____ for the _____ year.
(specify) (specify)

2a. I am working for wages of more than \$ _____ a month or performing substantial services in self-employment beginning with the month of... MM/YYYY

2b. I estimate that my total earnings for this taxable year will be... AMOUNT

3. **MARRIAGE OF STUDENT** DATE OF MARRIAGE
MM/DD/YYYY

4. **NO LONGER ATTENDING ANY SCHOOL**
(Do NOT report this item merely because school year ended if you intend to resume full-time attendance after a vacation period of not more than 4 full calendar months.)
The last day that I attended school on full-time basis was MM/YYYY

5. **REDUCED SCHOOL ATTENDANCE TO LESS THAN FULL-TIME**
The last day that I attended school on a full-time basis was MM/YYYY

6a. **CHANGED SCHOOLS** - I have arranged to transfer schools effective MM/YYYY
6b. I am (will be) attending full-time part-time

NAME AND ADDRESS OF NEW SCHOOL (*Give sufficient information for location of your records.*)

6c. **TYPE OF NEW SCHOOL**
 Secondary (High School level or below) Post-secondary (College, Junior College, Trade, or Vocational) Other (Specify)

6d. **STUDENT IDENTIFICATION NUMBER** **STUDENT'S SOCIAL SECURITY NUMBER**

6e. **DATE SCHOOL YEAR WILL END** MM/YYYY

7a. **STUDENT'S EMPLOYER IS PAYING STUDENT TO ATTEND SCHOOL**
I began attending school as part of my job on MM/YYYY

7b. **NAME AND ADDRESS OF EMPLOYER**

8. **INCARCERATION FOR CONVICTION OF A CRIME** Student is confined in a jail, prison, or other correctional institution based on conviction of a crime. DATE OF INCARCERATION
MM/YYYY

9. **WARRANT ISSUED FOR STUDENT'S ARREST** An unsatisfied warrant was issued for your arrest for a crime or attempted crime of flight to avoid prosecution or confinement or escape from custody. DATE OF ARREST WARRANT
MM/YYYY

NAME OF PERSON MAKING THIS REPORT		DATE MM/DD/YYYY
NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE		
CITY		STATE
AREA CODE & TELEPHONE NO. (IF ANY)		ZIP CODE
ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE		

HOW TO REPORT

You can make your report by:

- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting, or mailing this form to your local Social Security office. For the address and phone number of a Social Security office near you, visit www.ssa.gov/locator.

MAKE SURE YOU FILL IN THESE NECESSARY DETAILS ON THIS FORM:

- **NAME** of student about whom the report is made;
- The correct **CLAIM NUMBER** under which the benefits are payable;
- **WHAT** is being reported;
- Your **NAME** and **ADDRESS**.

If you mail your report, please use this reporting form and send it to the nearest Social Security office.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE, EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

WHAT TO REPORT

The kinds of events that you must report to Social Security are listed on Page 1 of this form. If you need more information to fill out this form, please read "Social Security: What You Need to Know When You Get Retirement or Survivors Benefits" and/or "Social Security: What You Need to Know When You Get Disability Benefits." If you do not have these publications, or if you want help in making a report, get in touch with any Social Security office for help.

FAILURE TO REPORT

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case you will have to pay back any benefits you received that were not due to you.

Also, if you conceal or fail to disclose a reporting event with an intent to obtain benefits fraudulently either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in Section 208 of the Social Security Act.

Use this form ONLY when there is a change to report to Social Security.

Privacy Act Statement Collection and Use of Personal Information

Sections 202(d), 203 (h), and 205(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine your entitlement and benefits. We may also share your information for the following purposes, called routine uses:

- To third party contacts, where necessary, to establish or verify information provided by representative payees or payee applicants; and
- To claimants, prospective claimants (other than the data subject), and their authorized representatives or representative payees, to the extent necessary to pursue Social Security claims; to representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting us in administering representative payment responsibilities under the Social Security Act; and to representative payees, for the purpose of assisting them in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 6 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.
