



**AFFIDAVIT OF OUT-OF-STATE-SERVICE
 1960 to 1980**

County Supervisor, Superintendent of Schools or School Official, should execute this form.

Member Information	
Member's Name _____	SSN _____
Mailing Address _____	
City _____	State _____ Zip _____

Year	District Name	County	State	Position	Days Worked
1960-61	_____	_____	_____	_____	_____
1961-62	_____	_____	_____	_____	_____
1962-63	_____	_____	_____	_____	_____
1963-64	_____	_____	_____	_____	_____
1964-65	_____	_____	_____	_____	_____
1965-66	_____	_____	_____	_____	_____
1966-67	_____	_____	_____	_____	_____
1967-68	_____	_____	_____	_____	_____
1968-69	_____	_____	_____	_____	_____
1969-70	_____	_____	_____	_____	_____
1970-71	_____	_____	_____	_____	_____
1971-72	_____	_____	_____	_____	_____
1972-73	_____	_____	_____	_____	_____
1973-74	_____	_____	_____	_____	_____
1974-75	_____	_____	_____	_____	_____
1975-76	_____	_____	_____	_____	_____
1976-77	_____	_____	_____	_____	_____
1977-78	_____	_____	_____	_____	_____
1978-79	_____	_____	_____	_____	_____
1979-80	_____	_____	_____	_____	_____

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

Certified by me this _____ day of _____, _____.

Signature _____ Title _____

Address _____

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