

Form # 241 1400 West Third Little Rock, AR 72201 Phone (501) 682-1517 Fax (501) 682-2359 www.artrs.gov

## Affidavit of Service in a Private School

	То	be completed by tl	ne member			
Member's Name			SSN			
Mailing Address						
City 5		tate		Zip		
Mobile Phone ()		Email Address				
	e executed by an officia					
noncertified servi similar in purpose school, would have	rmits the purchase of up to fif ce in a private school or edu to this system, except social we required the issuance of ar above member's service as tem.	ucationally-related agen security. Certified teach Arkansas teaching lice	cy, provided no be ing service if it had nse.	enefits could be paid d been rendered in a	d by another plan n Arkansas public	
Fiscal Year	School Name	County	State	Position	Total Days Worked	
<del></del> -						
	····					
	····					
Is the above made above service?	ember receiving retiremen □ Yes □ No	t benefits, or eligible to	o receive future b	penefits, based on	the	
School's Name		Date				
Address			Telephone Number ()			
Signature			_ Title_			