

Request for Previous Service Credit Search

Date:					
Name:(Last)		(Maiden)		(First)	(Middle)
Current Address:	(Street)		(City)	(State)	(Zip Code)
Telephone:(Da	ytime)	(Home)	(Cell)	(Work)	(Fax)
Social Security Nu	mber:	l	Email address:		
Estimated year/dates of service:			Estimated Retirement Date:		
Department worked in: Position/Type of work:					
Other names work	ed under and du	ring which yea	ars:		
Information needs to be sent to: OPERS			STRS (Check One)	OTHER (please specify)
Do you want a copy of this information sent to you:			u: YES	NO	
Contact Preferenc	ontact Preference: <u>Email</u>		phone (Check On		Fax
Complete this form	n and return to:			5	

We will confirm via e-mail that we have received your request and will provide you with an expected date of completion.

Certifying of previous service credit is a lengthy process. Your request will be completed in the order in which it was received.

Should you have any questions or concerns, feel free to contact us at 419/530-8780.