

## **Request for Previous Service Credit Search**

| Date:   |                         |                              |                       |                     |
|---|-------------------------|------------------------------|-----------------------|---------------------|
| Name:   |                         |                              |                       |                     |
| (Last)  | (Maiden)                | (F                           | First)                | (Middle)            |
| Current Address:(Street)                              |                         | (City)                       | (Ctata)               | (Zin Codo)          |
| (Street)  |                         | (City)                       | (State)               | (Zip Code)          |
| Telephone:(Daytime)                                   |                         | (0.11)                       |                       |                     |
| (Daytime)   | (Home)                  | (Cell)                       | (Work)                | (Fax)               |
| Social Security Number:                               | Er                      | nail address:                |                       |                     |
| Estimated year/dates of service                       | ce:                     | Estimated F                  | Retirement Date: _    |                     |
| Department worked in:                                 | P                       | osition/Type of w            | ork:                  |                     |
| Other names worked under ar                           | nd during which years   | s:                           |                       |                     |
| Information needs to be sent t                        | o: OPERS                | STRS (Select One)            | OTHER                 | (please specify)    |
| Do you want a copy of this info                       | ormation sent to you:   | YES                          | □ NO                  |                     |
| Contact Preference:                                   | Email                   | Telephone (Sele              | Cell ect One)         | ☐ Fax               |
| Complete this form and return                         |                         | rtment, MS #329<br>croft St. |                       |                     |
| We will confirm via e-mail that completion.           | we have received yo     | our request and w            | rill provide you with | an expected date of |
| Certifying of previous service which it was received. | credit is a lengthy pro | ocess. Your requ             | est will be complete  | ed in the order in  |

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