

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 50 Service Avenue  
 Warwick, RI 02886  
 Office (401) 462-7600, Fax (401) 462-7691  
 Email: ersri@ersri.org Web Site: www.ersri.org

## OUT-OF-STATE TEACHING CREDIT REQUEST FORM

**Instructions: Please print or type in black ink. This form must first be authorized by the member and certified by an ERSRI school official, forwarded to the out-of-state employer for certification, then forwarded to the out of state retirement system for completion. The completed form must then be returned to the Employees' Retirement System of Rhode Island. Incomplete or inaccurate forms will not be processed.**

### MEMBER INFORMATION

SOCIAL SECURITY NUMBER				DATE OF BIRTH (mm/dd/ccyy)	
NAME	FIRST		MI		LAST
ADDRESS					
ADDRESS					
ADDRESS					
CITY		STATE		ZIP	

### MEMBER AUTHORIZATION

**I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance but only to a return of contributions.**

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy)
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### ERSRI SCHOOL OFFICIAL'S CERTIFICATION

CURRENT SCHOOL DISTRICT AND POSITION	CURRENT SCHOOL YEAR AND CONTRACTUAL SALARY
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**I hereby certify the above salary information to be true and correct based upon our official records.**

SIGNATURE OF SCHOOL OFFICIAL	DATE OF SIGNATURE (mm/dd/ccyy)
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### OUT-OF-STATE EMPLOYER INFORMATION

SCHOOL/SCHOOL DISTRICT	TELEPHONE NUMBER	FAX NUMBER	INDICATE WHETHER SCHOOL IS "N" NON-PROFIT OR "P" PROFIT:
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

