

**OKLAHOMA TEACHERS' RETIREMENT SYSTEM
P.O BOX 53524 - OKLAHOMA CITY, OK 73152
405-521-2387 OR TOLL FREE 1-877-738-6365
www.ok.gov/trs**

VERIFICATION OF OUT-OF-STATE SERVICE

The following information must be completed by the person requesting to purchase the out-of-state service. If more than three years are to be purchased (five years maximum), please complete another copy of this form. Then this information must be forwarded to the retirement system of the state in which the service was performed for verification. The information on this form will be deemed invalid unless the form is mailed directly to the Oklahoma Teachers' Retirement System by the out-of-state system. You may access the phone number and address of other state retirement systems by going to www.nctr.org.

Name	SSN#	Phone#		
Address	City	State	Zip	
Year	School Name	City	County	Position
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----- Bottom portion to be completed by the previous retirement system -----

PLEASE VERIFY THE ABOVE INFORMATION

School Name	From	To	# Hours /Week	# Months/Year	Total Salary

Was this person a member of your retirement system?	Yes	No
Is this person receiving, or entitle to receive a benefit from your state based on this service?	Yes	No
Does this person have credit in your system for employment in another state?	Yes	No
State(s) _____	Year(s) _____	
Have contributions been withdrawn?	Yes	No
Date(s) of withdrawal _____	Total years withdrawn _____	

Name of Retirement System

Address	City	State	Zip
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Typed Name and Title	Signature	Date
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