

Request Form for Peace Corps Verification of Service and/or Description of Service

PLEASE SUBMIT THIS REQUEST FORM TO THE CONTACT INFO. PROVIDED BELOW.

A. Date of Request:		Information needed by (date). Please allow 7-10 business days of receipt to process your request:	
Last Name of Current/Returned Volunteer (include name during service):	First Name:	Middle Initial:	
Country of Service:		Approximate Dates of Service:	
B. Requestor follow-up email address:		Requestor follow up phone number:	
C. Where should the requested information be sent? Contact name: Mailing address or fax number:			
D. Type of Request Without Social Security Number (SSN). Please check all that apply. Please note that the Verifications listed in this section will not include any portion of the Volunteer's SSN. If the SSN is needed, please contact the Volunteer Certification Specialist at the contact info below for further instructions.			
<input type="checkbox"/> Certification of Service for Employment Verification (Does not include amount of monthly readjustment allowance/salary). <input type="checkbox"/> Certification of Service for Credit Towards Retirement (This employment verification includes amount of the monthly readjustment allowance/salary). <input type="checkbox"/> Certification of Noncompetitive Eligibility <input type="checkbox"/> Teaching Certification <input type="checkbox"/> Description of Service (copy) <input type="checkbox"/> Other _____			
E. Type of Request With Social Security Number (SSN).			
<input type="checkbox"/> Student Loan Verification (Generally includes the last 4 SSN for lender identification purposes, unless otherwise requested). Check one or both: <input type="checkbox"/> Loan Deferment? and/or <input type="checkbox"/> Partial Perkins Loan Cancellation? <input type="checkbox"/> Certificate of Creditable Health Insurance Coverage (also for Medicare Part B termination or re-enrollment purposes). Full SSN is included. <input type="checkbox"/> Other _____			
Since the certifications in this section include all or a portion of the Volunteer's Social Security Number (SSN), the requests below require the signature from one of the following. Please indicate if you are one of the following: Volunteer (current or returned) <input type="checkbox"/> , the Volunteer's Power of Attorney (please provide proof) <input type="checkbox"/> , or the designee on the Volunteer's Peace Corps Privacy Act Waiver <input type="checkbox"/> . If you are requesting one of the Certifications below, sign here to acknowledge that all or a portion of the Social Security Number will be on the certification: _____ (Please sign here).			

INSTRUCTIONS: Please only send your request once, and allow for 7 to 10 business days of receipt for processing. To expedite your request, please provide a fax number to send the requested information. Fax (202-692-1422), email certifications@peacecorps.gov, or mail this form to Peace Corps, CFO/VPS, ATTN: Volunteer Certification Specialist, 1111 20th Street, NW, CFO/VPS, Washington, DC 20526. A cover page is optional if you are faxing this Request Form.

This notice is provided under the Privacy Act of 1974, as amended (5 U.S.C. §552a). The information requested is collected under the authority of the Peace Corps Act, 22 U.S.C. §2501 et seq., for processing your request for verification of Peace Corps service. This information may also be used for the routine uses described in the Privacy Act, 5 U.S.C. § 552a, System of Records, (www.peacecorps.gov), and in the Federal Register at 65 Fed. Reg. 53,772 (September 5, 2000). Providing the material herein is completely voluntary. Failure to provide sufficient information will not preclude the processing of your request.
PC-CFO/VPS – 128.2 (08/2009, revised 02/2010).

