STM

Proof of School Attendance
for students 16 to 25 years old

Personal information

Last name:_____

First name:_____

Date of birth: _____ / _____ / _____
YYYY MM DD

Name of academic institution: _____

I hereby attest that the person whose name appears above is:

☐ **Under the age of 18 at October 31 of current year and that he/she is a full-time student in our establishment.**

☐ **Under the age of 26 at October 31 of current year and that he/she is a full-time student in our establishment.**

Signature :_____ *Date* _____
Academic institution official

Seal or stamp of academic institution