

Verification for California Public University Service Credit

SC 1732 rev 07/22

CALSTRS

California State Teachers' Retirement System
P.O.Box 15275, MS 88
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Read these instructions before completing form.

If you were employed by the University of California or California State University in a teaching position, complete section 1 and forward this form to your former university employer and/or retirement system to complete sections 2 and 3 on the reverse to verify your employment. Once you receive the completed forms from your former employer or retirement system, return them to CalSTRS. **This form cannot be used for community college service.**

If you are not currently making contributions to CalSTRS (no earnings have been reported to CalSTRS by an employer for the current school year), additional interest will be added to the cost of the bill.

NOTE: You are not eligible to purchase university service credit if you:

- Were not in a teaching position.
- Have not refunded your contributions from your former or current retirement system.

Submitting this request does not obligate you to complete the purchase.

Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL) (INCLUDING ANY PREVIOUS NAMES USED) CLIENT ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS DATE OF BIRTH (MM/DD/YYYY)

CITY STATE ZIP CODE

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WORK TELEPHONE ALTERNATE TELEPHONE NUMBER EMAIL ADDRESS

I would like to purchase _____ years of service credit. (If you do not specify the number of years, CalSTRS will process the request for all available years of service.)

I plan to retire within the next 12 months _____ (date, if known)

I understand that my signature does not create any obligation on my part to purchase this service credit.

Required Signature

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).



MEMBER'S SIGNATURE DATE (MM/DD/YYYY)



SC1732

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

Section 2: California Public University Information (To be completed by university or university retirement system)

Name of university campus _____

Answer the questions below regarding the above-named individual's work activity as an employee or member of your system.

Payroll records will not be accepted in place of this form.

1. Was this individual ever a member of your retirement system or did this individual contribute to a public retirement system while employed? If No, skip to question 5. If Yes, provide complete name of retirement system: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the individual take a refund of contributions in your retirement system? If No, skip to question 5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If the individual took a refund of contributions and interest in the retirement system, is the individual eligible to redeposit those contributions and interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Date of refund: _____ Years member performed service (MM/YYYY) _____ to _____ Amount of service credit canceled by refund _____		
5. Was the service performed in a teaching position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Employment History (Please put only one school year on each line)

Job Title and Job Title Code	Employment History From – To (MM/YYYY)	Number of Units Worked	Number of Units Required for Full-Time Equivalent

Section 4: Signature of University Representative (To be completed by university or university retirement system)

I certify that the information provided was taken from the employment or retirement system records.


NAME OF FORMER EMPLOYER OR RETIREMENT SYSTEM

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TELEPHONE NUMBER

NAME OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE (PLEASE PRINT)

TITLE

 _____
SIGNATURE OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE

DATE (MM/DD/YYYY)

Hand Delivery— Hand deliver your form to a local CalSTRS office. For a current listing, go to CalSTRS.com/forms-drop.

Mailing Address— Mail your form to:

CalSTRS
P.O. Box 15275, MS 88
Sacramento, CA 95851-0275

Overnight Delivery— If you are using a special mailing service such as UPS or FedEx, send your form to:

CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery— 916-414-4394

Keep a copy of your completed form for your records.