



**MEDICAID ADMINISTRATIVE CLAIMING (MAC)
Certification of Student Roster File submitted to PCG**

LEA Name: _____

Number of students included in the list: _____

As the responsible party for the Student Roster information for this Local Education Agency (LEA), I certify that:

- The Student file submitted to PCG on _____ contained names of **all** students enrolled with this LEA as of _____.
- The Student roster should be an unduplicated list and not contain the same student more than once.
- To account for the students whose parents have declined release of Directory Information, I have replaced those name data fields with the word “undisclosed” and I have replaced the date of birth fields with “99999999”

Signature: _____

(Please print name)

(Job title)

The student file was prepared by: _____
(Please print name)

(Job title)