

MILITARY VERIFICATION FORM



ALAMO
COLLEGES

The Texas Education Code, Chapter 54.058(b) provides that military personnel assigned to duty within the State of Texas, their spouse, and their dependent children shall be entitled to pay the same tuition as a resident of Texas. This same provision also applies to commissioned Public Health Officers, their spouses, and their dependents. To be entitled to pay the resident tuition, this Military Duty Statement must be submitted to the Residency Department at least once per 12 month academic year. An appropriately authorized officer in the service must certify that the individual is assigned to duty in Texas and that such assigned duty is in effect at the time of enrollment in this public institution of higher education.

NLC

NVC

PAC

SPC

SAC

(Select your home college above)

This form must be submitted to the residency office prior to the beginning of the semester of enrollment and is required at least once per academic year. A valid military ID must be presented in person along with the form. It is illegal to photocopy military identification and copies will not be accepted.

SECTION I: SPONSOR INFORMATION

This section must be completed.

Military Status: ACTIVE DUTY RESERVE TEXAS NATIONAL GUARD

Sponsor Name: _____ Student BANNER ID # (if applicable): _____

Sponsor Last Four SSN: _____ Military ID Expiration Date: _____

Assigned Duty Station: _____ Home of Record: _____

Semester of Enrollment: FALL SPRING SUMMER Year: _____

SECTION II: DEPENDENT INFORMATION

This section must be completed only if the military dependent is the student.

Dependent Name: _____ Dependent Student BANNER ID #: _____

Dependent Last Four SSN: _____ ID Card Expiration Date: _____

SECTION III: SIGNATURE OF AUTHORIZED PERSONNEL (Signature not required if the student is Active Duty)

This form is not valid without authorized signature (Personnel Officer, Unit Commander, Education Officer or designated representative).

I certify the above information to be true and correct according to official military records.

Rank & Printed Name of Certifying Official

Military Title

Signature of Certifying Official

Date

Duty Phone Number

FOR ADMISSIONS & RECORDS ONLY

State/County: _____ Residency Code: _____ Term: _____

Verified By: _____ Date: _____ Change Student Type: _____