

**Tarleton State University Central Texas – Killeen, Texas
Active Duty Military/Dependent Certification Form**

**Please be informed that this form must be completed when a long semester has been missed.
Once signed, return to the Office of Undergraduate Admissions.**

1. Student's Full Legal Name

Last	First	MI	SSN	Milt. ID exp Date
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2. Mailing Address

Street Address	City State Zip
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3. This is to certify that I am currently on active duty in the U.S. Military Service and stationed in Texas or that I am the dependent of active duty military currently stationed in Texas.

Name of Active Duty Personnel: _____ Milt. ID exp. Date _____

Relationship to Student: _____

Rank: _____ Service #: _____ Branch of Service: _____

Current duty Assignment: _____

Mailing Address of Station: _____

Legal Residence As Shown On Official Military Records: _____

4. I certify that if any of the above information changes during the semester of which this certification is submitted, I shall notify the Office of Undergraduate Admissions in writing within ten (10) days. I further certify that the above information is true and correct and understand that falsification of any information on this document will void my enrollment and will subject me to the tuition penalties which are provided by the laws of the State of Texas.

Signature of Dependent Student: _____ Date _____

Signature of Military Person Named Above _____ Date _____

5. Certification By Base/Post Education Counselor:

The information stated above is the same as shown on the personnel records of the Active Duty Military Personnel mentioned above.

Signature of Base/Post Education Counselor: _____

Date: _____