

**Tarleton State University
Stephenville, Texas
Active Duty Military/Dependent Certification Form**

This form must be renewed if the student does not stay continuously enrolled.

Student's Full Legal Name, SSN, and ID Expiration Date:

Last	First	Middle	SSN	ID Expiration Date
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Mailing Address:

Number and Street	City	State	Zip
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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: _____

Relationship to Student: _____

Rank: _____ Service No.: _____ Branch of Service: _____

Current Duty Assignment: _____

Mailing Address of Station: _____

Legal Residence as Shown on Official Military Records: _____

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 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: _____

Certification by Unit Commander:

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

Signature of Unit Commander: _____ Rank/Unit Position: _____