

Central Texas College

Active Duty Military Verification

The following individual is currently stationed in Texas

Name of Servicemember (Last, First, MI)	Home of Record/State	Servicemember SSN
Organization	City/State	Military ID Card Expiration Date
Name of Family Member	Family Member SSN	Military ID Card Issue Date
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Military ID Card Expiration Date

Student Signature

Date

I certify the above information is correct according to our military records.

(Cannot be signed by the Servicemember mentioned above.)

Name, Rank & Title (typed or printed) (Commanding Officer or Authorized Service Representative)	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date		