

St. Philip's College

Military Verification Form

In order for military personnel and/or their dependents to be eligible for State and District resident tuition, the information listed below must be completed by the Unit Commander, Personnel Officer, Education Officer, or their designated representative. This form must be completed once per academic year.

SECTION I: SPONSOR INFORMATION. This section must be completed.

SPONSOR NAME: _____ SSN: _____

MILITARY ID CARD#: _____ EXPIRATION DATE: _____

STATUS: ACTIVE RESERVE

DUTY STATION: _____

HOME OF RECORD: _____

SEMESTER OF ENROLLMENT (Check One): YEAR _____

FALL SPRING SUMMER

SECTION II: DEPENDENT INFORMATION.

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

According to the military records, the following individual is the dependent of the above-named military member.

NAME: _____

SSN: _____

MILITARY ID CARD#: _____ EXPIRATION DATE: _____

SECTION III: SIGNATURE OF AUTHORIZED PERSONNEL.

This form is not valid without the signature below.

SIGNATURE

TELEPHONE

MILITARY TITLE

GRADE

-FOR OFFICE USE ONLY-

Residency Code _____ Verification _____ Term _____ State _____ Verified By _____ Date _____

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A College of the Alamo Community Colleges

RETURN TO: ADMISSIONS OFFICE (SLC 107)