

Military Waiver Office of Admissions & Registration

STATEMENT OF DUTY STATUS	Fall S	Spring Summer	Year
The following individual is currently stationed at Fort Bliss, Texas 79916			
Name (Last, First, MI)	Rank SSN		
Organization			
Typed Name, Rank and Title (Commanding Officer or Personnel Officer)	Signature		Date
VERIFICATION OF DEPENDENT STATUS			
The following individual is my dependent:	Spouse Child	Other	
Name of Dependent	DOB	SSN	
Name of Military Member	Signature		Date

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Section 4302 and DOD Directive 1322.8,4 Feb 80

PRINCIPLE PURPOSE: To provide El Paso Community College with written verification of services members' assignment to Fort Bliss

ROUTINE USE: This form must be submitted by each service member or his/her dependent each registration at local colleges in order to obtain Texas resident tuition rates. This form becomes part of the student's record and the property of the college

DISCLOSURE: Furnishing this information, including your social security number is voluntary, but failure to do so may result in not receiving resident tuition rates.