VERIFICATION OF PERMANENT DUTY STATION FOR NONRESIDENT, ACTIVE DUTY MILITARY PERSONNEL OR MILITARY DEPENDENTS REQUESTING IN-STATE TUITION CLASSIFICATION

Student’s Name: ___________________________ Student Number: ___________________________ Term: __________

Student Classification: ___________________ Active Military Personnel ________________ Military Dependent ________________

If student is military dependent, provide the name and rank of the military sponsor. ____________________________

A university staff will need to verify both sides of the student’s U.S. Government identification card. If the student is a dependent, we must also verify the sponsor’s military identification card. **Do not submit photocopies of your/sponsor military I.D.**

*The form is valid for one semester only, a new form must be submitted for subsequent terms.*

BASE EDUCATION OFFICER MUST COMPLETE THE FOLLOWING

______________________________ is an active duty member of the armed forces of the United States and permanently stationed in Colorado.

(Name of military member)

at __________________________. This permanent duty commenced on __________________ and will terminate on __________________

(Name of duty station) (Date) (Date)

Signature: ___________________________ Date: __________ Title: ___________________________

Name: ___________________________ Command Address: ___________________________