

3601 4th Street, MS 8310 Lubbock, Texas 79430 (806) 743-2300

Indicate Term: Fall

_Spring

<u>Certification of Military Personnel and Dependents</u> <u>Who Enroll at Texas Tech University Health</u> <u>Sciences Center</u>

Texas Education Code 54.058 (b): "To be entitled to pay resident tuition, military personnel shall submit at the time of each enrollment a statement from their Commanding Officer or Personnel Officer certifying that they are then assigned to duty in Texas"

Last name	First name	Middle na	ame	Student ID Number	
2. Local Address					
Number and Street	City		State		Zip code
3. This is to certify that: (indicate)		[IAM]	[] am a DEPE	NDENT	of l
			[14.114.5212	relationship	
Name	Rank	Service number		Branch of Service	
Current duty assignment and station ma	ailing address				
Date assigned	Order Number	Issuing Authority of Orders			
	# - ! - ! - ! !!!	i4. /·		State:	
IF YOUR LEGAL R 4. I certify that if any of the above Health Sciences Center within ter	RESIDENCE IS TEXAS PLEA e information changes, I n (10) days. I further cert	ASE COMPLETE THE will notify the VA (tify that the above i	Certifying Offic information is t	OF THIS FORM ial at Texas T rue and corr	Tech University ect and
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First Summer

Second Summer

Year____

THE FOLLOWING INFORMATION MUST BE COMPLETED IF YOUR LEGAL RESIDENCE IS TEXAS

3.	a. When did you enter the service?				
	b. What was your home of record on original entry into the service? City:	Sta	ite:		
	c. What state do you designate as your legal residence for income tax purposes? State:				
d. If the answers to 3. c. is different from the <u>original home record listed in 3. b., when did you file a form DD2058, State of L</u> Residence Certificate, with the military claiming Texas as you state of legal residence/domicile? Month:Year:					
	e. Please list any duty assignments in Texas and dates stationed at each: Duty station:	Month Year	Month Year		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		
		From:	To:		

Ensure required signatures are completed on the front of this form and attach a copy of your monthly Leave and Earnings Statement (LES) which is at least ONE YEAR OLD.