

ACTIVE DUTY MILITARY STATUS VERIFICATION (please print with pen)

| Name: | _Student ID: |
|------------------------|--------------|
| Military Component: | |
| Military Affiliation: | _ |
| ID Expiration Date: | |
| End of Active Service: | _ |
| | |

| VETERAN SERVICES OFFICE USE ONLY | |
|----------------------------------|--|
| Date of Verification: | |
| Staff Member: | |