Certification of Military Status for Transcript Waiver

Name: ___________________________ FSUID/EMPLID: ______________________

Instructions: To verify your military status, complete this form and sign the applicable below
statement before a notary public.

SELECT YOUR STATUS:

___ Active Duty Military  ___ Active Duty Military Dependent (spouse or child)
___ Veteran (Honorably Discharged)  ___ Veteran Dependent (spouse or child)

1. Active Duty Member/Dependent

I, ___________________________ hereby verify that I am active duty military or an
active duty military spouse/dependent.

Signature: ___________________________

2. Veteran/Veteran Dependent

I, ___________________________ hereby verify that I am a military veteran or I am a
military veteran spouse/dependent.

Signature: ___________________________

__________________________________

State of __________

County of _______________________

Sworn to (or affirmed) and subscribed before me this ___ day of ____________________, 20___,
by _____________________________.

__________________________________

Notary Signature and Seal

Personally known ____ OR Produced identification ____

Type of identification produced: ______________________