Certification of Military Status for Transcript Waiver

Name: ___________________________ FSUID/EMPLID: ________________

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

SELECT YOUR STATUS:

___ Active Duty Military  ___ Active Duty Military Dependent (spouse or child)
___ Guard/Reserve Member  ___ Guard/Reserve Member 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 dependent.

Signature: _____________________________________________

2. Guard/Reserve Member/Dependent

I, ____________________________, hereby verify that I am currently in the Guard/Reserve or I am a Guard/Reserve member dependent.

Signature: _____________________________________________

3. Veteran/Veteran Dependent

I, ____________________________, hereby verify that I am a military veteran or I am a military veteran 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: ____________________________