



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

3601 4<sup>th</sup> Street, Ste. 2C400, MS 7782  
Lubbock, Texas 79430  
Veteran&MilitaryServices@ttuhsc.edu

**Certification of Military Personnel and Dependents**  
**Who Enroll at Texas Tech University Health**  
**Sciences Center**

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"

1. Full Legal Name: {Mr.} {Ms.} {Mrs.}

\_\_\_\_\_  
Last name First name Middle name Student ID Number

2. Local Address

\_\_\_\_\_  
Number and Street City State Zip code

3. This is to certify that: (indicate)

[ I AM ] [ I am a DEPENDENT \_\_\_\_\_ of ]  
relationship

\_\_\_\_\_  
Name Rank Service number Branch of Service

\_\_\_\_\_  
Current duty assignment and station mailing address

\_\_\_\_\_  
Date assigned Order Number Issuing Authority of Orders

LEGAL RESIDENCE as shown on Official military records is: City: \_\_\_\_\_ State: \_\_\_\_\_  
**IF YOUR LEGAL RESIDENCE IS TEXAS PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

4. I certify that if any of the above information changes, I will notify the VA Certifying Official at Texas Tech University Health Sciences Center within ten (10) days. I further certify that the above information is true and correct and understand that falsification of any of the above information will void my enrollment at Texas Tech University Health Sciences Center and subject me to the tuition penalties which are provided by the laws of the state of Texas.

MILITARY MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*if applicable,*  
DEPENDENT STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION BY UNIT COMMANDER OR PERSONNEL OFFICER:

The information provided above is the same as recorded in the member's military personnel record.

SIGNED: \_\_\_\_\_

Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Unit: \_\_\_\_\_

unit seal

Indicate Term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ 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: \_\_\_\_\_ State: \_\_\_\_\_
- 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 original home record listed in 3. b., when did you file a form DD2058, State of Legal 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.