



**SAM HOUSTON STATE UNIVERSITY**

*A Member of The Texas State University System*

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(936) 294-1046 Fax: (936) 294-4921

**VETERAN**

**VETERANS HAZLEWOOD INFORMATION REQUEST FORM**

STUDENT NAME \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ SAM ID NO: \_\_\_\_\_

SHSU E-MAIL ADDRESS \_\_\_\_\_ Phone # \_\_\_\_\_

PLEASE CHECK ONE: ☐ UNDERGRADUATE ☐ GRADUATE

**NUMBER OF HOURS YOU ARE CERTIFYING FOR:** \_\_\_\_\_

Applying for: Spring 2013 ☐ Summer I 2013 ☐ Summer II 2013 ☐ Fall 2013 ☐

☐ Yes ☐ No I have attended another Texas Public Institution since Fall 1995.

If yes, please list name and dates attended of College/University:

School	Dates Attended
_____	_____
_____	_____
_____	_____

(INT) By submitting this form, I certify that I am registered for the semester that I am requesting certification for. I also understand that submitting this form WITHOUT an ACTIVE CLASS SCHEDULE, SAM ID, CLASS HOURS, and ALL REQUIRED INFORMATION will result in the DESTRUCTION of this form and all other forms submitted with it.

I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may not be approved for the Hazlewood Act benefits.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have examined the above student's DD-214, reviewed his/her letter from the Department of Veterans Affairs along with documents and information regarding the student's Loan and or Hazlewood history (if any) and have determined that in my opinion, he/she qualifies for the Hazlewood Act for the following semesters:

☐ Spring 2013 ☐ Summer I 2013 ☐ Summer II 2013 ☐ Fall 2013

\_\_\_\_\_  
Veterans Resource Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Financial Aid

\_\_\_\_\_  
Date