

**Central Texas College
Military ID Verification Form**

Name of Servicemember (Last, First, MI) Rank			Tax State on 12 Month Old LES			Servicemember SSN					
Organization				City/State				Military ID Card Expiration Date			
Name of Family Member				Family Member SSN				Military ID Card Issue/Effective Date /			
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				Military ID Card Expiration Date			
Student Signature						Date					
I certify the above information is correct.											
PLEASE PRINT				Signature				Date			
CTC Representative, Name, Title											