Arizona Department of Veterans' Services

Tuition Waiver and Verification Form

>>>>>>>>>>>>>>>>>>PLEASE PRINT OR TYPE<<<<<<<<<<<<<<<<<<

Name Military Member/Dependent:	**First**	**Middle**	**Last**	**Jr., Sr.**
Mailing Address:	**Number, Street, City, State & Zip Code**			
Date of Birth MO/DD/YYYY:	**Daytime Contact Number:**	**Work Contact Number:**	**E-mail Contact:**	
Branch of Service:	**Name of Unit Issuing Purple Heart Medal:**			
Service Number:	**Date of Discharge (if applicable):**	**Rank:**		

The following documents are required to be submitted with this application (as applicable):

I.A.W. with A.R.S. § 15-1808(D)

✓	**Please check off each applicable area for application as applies:**	***For Official Verification Only***
Below applies to veterans who are or were a Resident of Arizona and received a Purple Heart and is Rated at least 50%:		
	DD214 covering the time a Purple Heart was awarded	
	A copy of the Purple Heart Medal documentation	
	Verification of the Arizona Active Duty Assignment or a resident of Arizona during the above Purple Heart Medal	
	Verification of at least a 50% disability as determined by the Department of Veterans Affairs	
Below applies to dependents of service members killed in the line of duty:		

Relationship to deceased service member:	**Spouse**	**Daughter**	**Son**	**Step-Daughter**	**Step-Son**

	Casualty Report showing death	
	Marriage Certificate	
	Birth Certificate of Dependent	
	Serviceman's Death Certificate or Department's Statement of Killed in Line of Duty	
Below applies to Arizona National Guard Service:		
	All documentation must show status after September 1, 2001 for National Guard Service only	
	Documentation that veteran was discharged due to a disability	
	Verification of Arizona National Guard service	
	A copy of the Purple Heart Medal documentation	
	DD-214 covering the time a Purple Heart was awarded	

Return completed form to:

Arizona Department of Veterans' Services
Veteran Services Division Training Officer
3839 N. 3rd Street
Phoenix, AZ 85012-1570
Or email to: benefits@azdvs.gov

Verification completed on (date) _____ by _____ (verifier)

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