



Request for Congressman C. W. "Bill" Young
Veteran Tuition Waiver
Veterans Academic Resource Center/Registrar's Office



University of Central Florida
P.O. Box 160114, Orlando, FL 32816-0114
Phone 407-823-5870 Fax: 407-823-5879

Complete all parts of this form.

Student's Name: _____

Student's UCF ID: _____

Contact phone number: _____

Contact Knights e-mail: _____

Local home address: _____
Street Address

City State Zip Code

Verification: (Choose one)

I am the: [] Veteran [] Dependent of eligible veteran who is using GI bill benefits

The following proof of verification is attached:

VETERAN

DEPENDENT

[] Required: Veteran service proof (DD-214 or military ID if AD)

[] Required: VSC certification form completed and submitted

[] Required: One of the following proofs of Florida residency

[] Required: One of the following proofs of Florida residency:

[] FL driver's license/state ID

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[] Lease/mortgage bill

[] Lease/mortgage bill

[] Utility/insurance bill

[] Utility/insurance bill

[] Declaration of domicile in FL

[] Declaration of domicile in FL

[] Other

[] Other

By my signature below, I hereby certify to the University of Central Florida that I am an honorably discharged veteran, or benefit-receiving dependent of eligible veteran, of the United States Armed Forces, the United States Reserve Forces, or the National Guard who physically resides in the state of Florida while enrolled at the University of Central Florida. I also understand that this does not grant me in-state residency for tuition purposes.

Student Signature: _____

Today's Date: _____

DO NOT COMPLETE. Information below this line for Veterans Academic Resource Center use ONLY.

Processed by: _____ Date: _____

Documents verified (list all from above that apply): _____
