



HAZLEWOOD LEGACY INFORMATION REQUEST FORM

STUDENT NAME Last First Middle DOB:

SSN: SAM ID NO:

SHSU E-MAIL ADDRESS Phone #

VETERAN NAME Last First Middle

VETERAN SSN: VETERAN DOB: VETERAN ZIPCODE:

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:

Table with 2 columns: 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.

\* (INT) Students using Hazlewood Exemption benefits under the Legacy Act provision MUST meet the Satisfactory Academic Progress (SAP) requirements as defined by Financial Aid office. SAP is checked at the completion of each semester for all students. Hazlewood Exemption benefits will not be posted for Legacy Act students until the previous semester's SAP is verified. For more information on Satisfactory Academic Progress (SAP) requirements please refer to http://www.shsu.edu/~fao www/fa intro/

-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:

Spring 2013 Summer I 2013 Summer II 2013 Fall 2013

Veterans Resource Center Date

Office of Financial Aid Date