

TROY
UNIVERSITY™



Request for Verification of Spouse or Dependent Status

I certify that the individual listed is the spouse or dependent of a currently serving sponsor, Reserve sponsor or National Guard sponsor.

Sponsor's Information

Name _____

Command assigned _____

Sponsors component _____

Sponsors branch of service _____

Spouse or dependent information

Name _____

DoD identification card expiration date _____

Must be completed by a certifying official or Troy University employee validating the above sponsor is actively serving in the U.S. Military, Reserve or National Guard

Certifying official's name _____

Certifying official's title/rank _____

Certifying official's signature _____

Date of signature _____