

UNIVERSITY OF COLORADO AT DENVER  
RECORDS AND REGISTRATION  
CAMPUS BOX 167  
P.O. BOX 173364  
DENVER, COLORADO 80217-3364  
(303) 556-2389

VERIFICATION OF PERMANENT DUTY STATION FOR NONRESIDENT, ACTIVE DUTY MILITARY PERSONNEL  
OR MILITARY DEPENDENTS REQUESTING IN-STATE TUITION CLASSIFICATION

Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Term: \_\_\_\_\_

Student Classification: Active Military Personnel \_\_\_\_\_ Military Dependent \_\_\_\_\_

If student is a military dependent, provide the name and rank of the military sponsor: \_\_\_\_\_

Provide a copy of both sides of the student's U.S. Government identification card. If the student is a dependent, a copy of the military sponsor's identification card is also required. The form is valid for one semester only, a new form must be submitted for subsequent terms. This form must be dated no earlier than thirty days prior to the first day of class and submitted no later than the end of the first week of class.

\*\*\*\*\*BASE EDUCATION OFFICER MUST COMPLETE THE FOLLOWING\*\*\*\*\*

\_\_\_\_\_ is an active duty member of the armed forces of the United States and permanently stationed in Colorado  
name of military member

at \_\_\_\_\_. This permanent duty commenced on \_\_\_\_\_ and will terminate on \_\_\_\_\_.  
name of duty station date date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Command Address: \_\_\_\_\_

\*\*\*\*\*Registrar's Office Use Only\*\*\*\*\*

Date received in records: \_\_\_\_\_

Clerk: \_\_\_\_\_