



HAZLEWOOD EXEMPTION (HAZLEWOOD ACT) FOR PREVIOUS EXEMPTION RECIPIENTS (VETERANS, CHILDREN, OR SPOUSES)

Each person who has previously received an exemption through the Hazlewood Act (Texas Education Code 54.203) and who wishes to receive an additional exemption through the program must complete and sign the following application and submit it, with proper documentation, to the Hazlewood Administrator of his/her institution.

Part A – Basic Eligibility

1. Name: _____
last, first, middle initial
2. Student ID#: _____
3. Address: _____
Street City State Zip Code
4. Term for which you are applying for the exemption: _____ / _____
(fall/spring or summer) / year
5. Are you applying as a Texas veteran, or as a child or spouse of a Texas service member?

If applying as the child or spouse of a service member:
Name of service-member parent/spouse: _____
6. Last term in which you used the Hazlewood exemption: _____ / _____
(fall, spring or summer) / year
7. Name (not initials) of the last school where you used it: _____
8. Are you currently in default on an education loan made or guaranteed by the state of Texas?
NOTE: Your answer will be verified by your institution.
9. Are you currently eligible to receive veteran benefits under Title 38, United States Code, Chapter 33?
10. (For veterans only) Have you served any active duty since your discharge from the service?
11. (For children or spouses only) Are you currently classified as a Texas resident?

Part B – Certification and Consent

My name is _____ and I am applying for an exemption from payment of tuition and certain fees under Texas Education Code, Section 54.203 (The Hazlewood Act). I understand that I may be entitled, under the law, to this exemption for up for 150 credit hours total at Texas public institutions of higher education. For the purpose of accounting for the total number of hours for which I receive this exemption, I am granting permission to any institution in which I have enrolled or will enroll to release current semester and historic credit hour information to the Texas Higher Education Coordinating Board ("Board") and am granting permission for the Board to share such data with any institution that I might attend. I hereby certify the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

Last 4 SSN: _____ Date _____

For Institution Use Only

Approved (initials): _____	On file: DD214 DD1300 Ratings Decision Letter	VA letter on file <input type="checkbox"/> yes <input type="checkbox"/> no
Term Ch 33 VA benefit amnt: \$_____	In default: <input type="checkbox"/> no <input type="checkbox"/> yes	Resident now? <input type="checkbox"/> yes <input type="checkbox"/> no