HAZLEWOOD EXEMPTION (HAZLEWOOD ACT)
APPLICATION FOR VETERANS

Each veteran wishing to receive or transfer his/her unused hours of exemption through the Hazlewood or Legacy Act (Texas Education Code 54.203) must complete and sign the following application and provide his/her institution documentation of eligibility as indicated in this application packet.

Mail this application and all documentation to your institution’s veterans’ education office or financial aid office.

Student No. ______________________

**Part A—Basic Eligibility**

1. Name: ___________________________ 2. Social Security Number: ___________________________

3a. Address:

   Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

3b. Phone Number: ( ) ______________ Email: ___________________________

4. Term for which you are applying for the exemption: ___________________________ / ___________________________ year

   * Form must be renewed each semester.

5. Are you currently in default on an education loan made or guaranteed by the state of Texas?

   [ ] yes [ ] no

   * Either login to www.HHLeans.com and print your loan status page or your answer will be verified by your institution.

6. Are you currently eligible to receive veteran benefits under "vocational rehabilitation & employment" (Ch. 31) or Post 9/11 GI Bill (Ch. 33)?

   [ ] yes [ ] no

7. Have you served any active duty since your discharge from the service? [ ] yes [ ] no

   If yes, your VA benefits letter must be current (dated no more than 3 months ago).

8. At the time you entered the service, did either of the following circumstances apply to you?

   a. Was your place of entry Texas? [ ] yes [ ] no

   b. Did you declare Texas as your Home of Record? [ ] yes [ ] no

   c. Were you a Texas resident? [ ] yes [ ] no

   * If you answered "no" to 8a, 8b, and 8c, you are not eligible for a Hazlewood exemption. If you can only answer “yes” to question (c) then you must complete the residency questionnaire.

9. Will you reside in the state of Texas during the upcoming semester for which the exemption will be used? (must provide proof) [ ] yes [ ] no

10. Did you receive an honorable or general under honorable conditions discharge? [ ] yes [ ] no

11. Did you serve at least 181 days on active duty (excluding training)? This is indicated in boxes 12(c) and 12(d) on the DD-214. [ ] yes [ ] no
If you are a veteran applying to receive the Hazlewood Exemption for the 1st time, complete A and Part D- Certification and Consent to Disclosure.

If you are a veteran who previously received a Hazlewood Exemption, complete part A and B and proceed to Part D- Certification and Consent to Disclosure.

If you are a veteran wishing to transfer unused hours to an eligible child, complete part A and C and proceed to Part D- Certification and Consent to Disclosure.

12. Last term in which you used the Hazlewood exemption __________________________ / ________
   (fall, spring, summer)/ year

13. Name of all colleges or universities where you have received the exemption________________________

* veteran must login online, printout, and provide their hours used to the school along with this application.  
https://www1.thecb.state.tx.us/apps/hsh/students/

* Hours can only be transferred to one child at a time up to 150 hours and the student must make satisfactory academic
  progress as determined by the institution.

14. Each veteran eligible for a Hazlewood Exemption is entitled to 150 semester credit hours of
   exemption. How many of your 150 hours' of eligibility have you used as of the date you sign this form?

14.(b) Have you already transferred hours to any other children?  ☐ Yes  ☐ No
   Childrens' names and SSN.

15. When was the LAST TIME you used your Hazlewood Exemption?
   ☐ Never  ☐ Fall 1995 or earlier
   ☐ Spring 1996 or later: __________________________  Year (mm/dd/yyyy)

16. Name of all colleges or universities where you have received the exemption.

17. Child's Name (First, Middle Initial, Last)

18. Child's Social Security Number

19. Texas Residency (Child)
   ☐ Yes  ☐ No

20. Is the child one of the following: your biological child, your stepchild, your adopted child, or
    did you claim him/her as a dependent in the current or previous tax year?  ☐ Yes  ☐ No

21. Is the child currently 25 years or younger?  ☐ Yes  ☐ No

*If you answered "no" to question 19 or 20, the child is not eligible for the Hazlewood Exemption.
My name is ________________ and I waive the right to the unused portion of my 150 semester credit hours for which I am eligible to receive under the Hazlewood Exemption and grant permission to transfer those unused Hazlewood hours under the Texas Education Code, Section 54.203, (k)(The Hazlewood Exemption) to my eligible child, ________________. I agree to release current semester and historic credit hour information to the Texas Higher Education Coordinating Board ("Board") and to determine the balance of my unused hours, I grant permission for the Board to share such data with any institution that my eligible child 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.

Signature of Service Member ______________________________________________________________________ Date ______________

* if veteran is deceased the surviving spouse or child's guardian, conservator, custodian, or other legally designated caretaker can sign on the veteran's behalf.

Signature of Child ______________________________________________________________________ Date ______________

For Institutions Only

<table>
<thead>
<tr>
<th>Approval (initials)</th>
<th>On file:</th>
<th>completed/approved</th>
<th>Eligible child:</th>
<th>Yes</th>
<th>No</th>
<th># hours of eligibility remaining at the beginning of the term</th>
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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.

Signature ______________________________________________________________________ Date ______________

If the Veteran is unable to submit this HE-V Application Form in person at the TAMUCC Veterans Office, then the form must be notarized by an official state notary when applying for benefits for the first time at a new institution. Signature must be notarized with a copy of a valid State issued ID.

State of Texas
County of ________________

, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

Notary Public's Signature ______________________________________________________________________

(Personalized Seal)