



## VERIFICATION OF MILITARY STATUS

Name of Servicemember (Last, First, MI)	Home of Record/State	Servicemember SSN (last 4 digits)
Branch of Service	City/State	Military ID Card Expiration Date
Name of Family Member	Family Member SSN (last 4 digits)	Military ID Card Issue Date
	<input type="checkbox"/> Spouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Child	Military ID Card Expiration Date
Student Signature		
I certify the above information is correct.		
Name, Title, Campus (typed or printed) (Brandman Representative or Authorized Military Official)	Signature	Date

Please submit this verification form to the Office of Admission at [apply@brandman.edu](mailto:apply@brandman.edu) or fax to (714) 628-3405.