



Texas Hazlewood Act Exemption Application

Supporting Documentation Instructions

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To apply for the Texas Hazlewood Act Exemption, you must submit the following documents to your college or university:

1. **The Hazlewood Exemption Application** (completed and signed).
2. **Report of Separation or Discharge, DD Form 214 (and DD Form 215 if the DD Form 214 has been amended)** – To verify the Veteran’s place of entry, home of record at the time of entry, character of service, length of service, and dates of service. The copy you provide to your institution must be legible and contain the information listed above.

A DD Form 214 may be obtained from the National Archives: <http://www.archives.gov/veterans/>

- Phone: 314-801-0800

- E-mail: MPR.center@nara.gov

If the Veteran was discharged prior to January 1, 1950 previously used separation documents may be used. If the Veteran’s DD Form 214 was destroyed in the National Archives fire in 1973 or is otherwise unavailable, then the following documents may be used:

- NA Form 1038, Certification of Military Service
- Documentation from the National Archives that the Veteran’s NA Form 1038 was sent in lieu of the DD Form 214 due to the DD Form 214 not being on file
- Documentation that Veteran met the requirements of Subchapter B, Texas Education Code § 54 for resident tuition on the date of entry into active duty indicated on the DD Form 214

3. **Certificate of Eligibility for federal GI Bill benefits** – To verify eligibility for the Veteran’s, or dependent’s federal education benefits. Certificates of eligibility may be obtained by completing an application on the Veterans Online Application (VONAPP) website at <http://www.vabenefits.vba.va.gov/vonapp/default.asp>.
 - If the Veteran’s final discharge is prior to 9/11/2001 the certificate of eligibility is not required.
4. **If the Veteran died while in service: Report of Casualty, Form DD Form 1300** – To verify the Veteran’s place of entry, and that his/her death was service related.
5. **If the Veteran is deceased (not service connected)** – Death Certificate for deceased Veteran for use in a Legacy transfer.
6. **If the Veteran is totally disabled or individually unemployable due to military service-related illness or injury:** You must have a current disability ratings decision letter from the VA indicating that rating.
7. If you are not the Veteran, **Relationship Documentation** – Submit one or more of the following documents to verify your relationship to the eligible Veteran.
 - Birth Certificate, or Marriage Certificate, or Adoption Papers, or Recent Income Tax Return
8. Veterans must reside in the state of Texas during the term that the exemption will be used. This requirement does not apply to Veterans who have reenlisted back into active duty, reside with a spouse who is on active duty, or who have continuously used the exemption since fall 2011.
 - Children and spouse of eligible Veterans must be classified as a Texas resident by their institution.
9. **Hazlewood Online Database Registration** – To comply with the Federal Educational Rights and Privacy Act (FERPA) requirements, all applicants (Veteran and dependents) must register into the Hazlewood online database to use the Hazlewood Exemption at <https://www1.thecb.state.tx.us/apps/hsh/students/>.



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For (Term) _____ (Year) _____

SUBMIT THIS APPLICATION TO YOUR COLLEGE OR UNIVERSITY

Each Veteran, child, or spouse applying to receive an exemption through the Hazlewood Act, (Texas Education Code §54.341) must complete and sign this application and provide the institution with the documentation required to verify eligibility as indicated in this packet. Submit this application and all supporting documentation to your institution's Hazlewood Exemption administrator.

I am applying as:

- a Veteran intending to use the Hazlewood Exemption
- a child intending to receive a Legacy transfer of benefits
- a child of a totally disabled, service-related deceased, KIA, or MIA Veteran
- a spouse of a totally disabled, service-related deceased, KIA, or MIA Veteran

I am:

- an applicant applying for the first time; or
- a previous Hazlewood recipient who has used ___ hours at _____ institution(s).

Total prior hours used: Veteran ____, Legacy (transferred hrs.) ____, Spouse ____, Child (w/own hrs.) ____

Part A – Veteran's Information

Veteran's Name: _____
Last Name First Name MI

Veteran's SSN: _____ Date of Birth: ____/____/____ (MM/DD/YYYY)

Veteran's Student ID#: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Email address: _____

Part B – Other User Information

Relationship to Veteran:
 Biological Child Step-child Adopted Child IRS Dependent Spouse

Child's/Spouse's Name: _____
Last Name First Name MI

Child's/Spouse's SSN: _____ Date of Birth: ____/____/____ (MM/DD/YYYY)

Child's/Spouse's ID#: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Email address: _____

Part C – Loan Verification

To qualify for the Hazlewood Exemption, the Veteran, child or spouse cannot be in default on a loan that is made or guaranteed by the state of Texas. State loans can be viewed at <http://www.hhloans.com/>.

Does the Veteran, child or spouse have a loan through the Texas Higher Education Coordinating Board?

- Yes No

If yes, is the loan in default status?

- Yes No



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Part D – Veteran, Children and Spouse Certification and Consent

The Texas Hazlewood Act Exemption entitles eligible persons to an exemption of tuition and specified fees of up to 150 semester credit hours at public institutions of higher education in Texas. Except for recipients who are the spouse or children of eligible Veterans killed in action, missing in action, or whose death resulted from a service-related injury or illness; all other Hazlewood recipients must meet the same satisfactory academic progress policy as financial aid recipients at their respective institution.

I grant permission to any institution I have enrolled in or intend to enroll in to release credit hour information pertaining to my enrollment to the Texas Veterans Commission and the Texas Higher Education Coordinating Board, and further grant permission to the Commission and Board to share such information with any institution that I might attend. I certify that the information I have provided is true and correct to the best of my knowledge. I further understand that if I have provided inaccurate, incomplete, or untrue information on this application, I may be required to reimburse the institution for tuition, fees, and penalties pertaining to the Hazlewood Exemption.

Veteran's Signature: _____ Date: _____
(Veteran's signature is not required if the eligible Veteran is totally disabled, service-related deceased, MIA, or KIA.)

Child's/Spouse's Signature: _____ Date: _____

Part E – Legacy Certification and Consent

The Texas Hazlewood Exemption allows eligible Veterans or a designee to transfer all unused hours of the exemption, up to 150 semester credit hours, to a child who is 25 years old or younger on the first day of the term. Legacy recipients will receive an exemption for the number of degree certified hours associated with the specific degree or certificate program he or she is enrolled in consistent with the program length as defined in the school catalog as approved by the regional accreditation commission. Legacy recipients must meet financial aid satisfactory academic progress (SAP) requirements. Assigned hours may be revoked by the Veteran or the designee.

I (*Veteran*) _____ waive the right to all of the unused portion of my Hazlewood Exemption and grant permission to transfer those unused Hazlewood hours under the Texas Education Code, § 54.341 (k) (Legacy Act) to my eligible child, (*child*) _____. I agree to release current term and historic credit hour information to the Texas Veterans Commission and the Texas Higher Education Coordinating Board to determine the balance of my unused hours. I grant permission for the Commission and 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.

Veteran's Signature: _____ Date: _____

Veteran's Designee's Signature: _____ Date: _____

* If the qualifying Veteran is deceased:

Veteran's Child's Signature: _____ Date: _____