



# Revocation of Previously Assigned Texas Hazlewood Act Exemption Hours

**This form must be submitted to the institution where the benefit is currently being used to revoke previously assigned Hazlewood Legacy hours**

An eligible Veteran or designee who has assigned unused Hazlewood Exemption hours to a child through the Legacy Act may revoke the assignment of any unused hours [Texas Education Code §54.341(k-1)].

Veteran's Name: \_\_\_\_\_  
Last Name First Name MI

Veteran's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

I (Veteran or designee) \_\_\_\_\_ hereby revoke the assignment of unused Hazlewood Exemption hours from (child) \_\_\_\_\_ effective at the end of the current academic term.

Child's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Child's Student ID# (if applicable): \_\_\_\_\_

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Veteran's/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----Below is to be completed by Notary Public-----

STATE \_\_\_\_\_

CITY \_\_\_\_\_

COUNTY \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SEAL

\_\_\_\_\_  
DATE COMMISSION EXPIRES