**FORM MS-1: MILITARY SERVICE VERIFICATION FORM**

To be used for students who are on ACTIVE DUTY in the military.

**To be completed by the student:**

Student’s Name   
 First Middle Last

Street Address

City , CT Zip Phone:

Branch of Service Service Number Rank

Date Entered: Date of Basic Training: From: To:

Describe length/type of additional training:

Describe present military job:

Name/Rank of Commanding Officer

Street Address

City , State Zip Phone

**To completed by Commanding Officer:**

1. Is this person a member in good standing of the military? Yes  No

2. Did this person complete basic training? Yes  No

3. Has this person received additional military training? Yes  No

4. Is the description of training and present military job as stated above by the student accurate? Yes  No

Signature (Name/Rank) Date

For Office Use Only:  
  
Approved by: Credits Awarded 1  2  Date:

**FORM MD-1: MILITARY DOCUMENTATION FORM**

To be used for students who have been DISCHARGED from the military.

Student’s Name   
 First Middle Last

Branch of Service Years Served: From: To:

Service Number Last Rank

Attach Photo Copies of the Following:

Military Discharge (DD214)  
 Any Appropriate Training Certificates  
 Any Other Pertinent Military Documentation

For Office Use Only:

Approved by: Credits Awarded 1  2  Date: