**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: