

Office of Admissions & Records

3000 Campus Hill Drive, Bldg. 1600 Livermore, California 94551 Tel: (925) 424.1500 Fax: (925) 606.6437 www.laspositascollege.edu/admissions

VACA WAIVER OF NON-RESIDENT STATUS

| Student ID #: | | A WAIVER OF NO | | |
|---|---|---|--|---|
| - ull Name: | | | | |
| PLEASE PRINT Last Nar | | First Name | | Middle Name |
| Service Member Name: | | | | |
| Service Member State of I | Entry: | | | |
| Service Member Permane | nt Duty Station: | | | |
| Service Member State of I | Domicile: | | | |
| Service Member Home of | Record on DD214: | | | |
| Is the service member still | an active member of the a | armed forces? Yes No | | |
| Service Member Station Loca | ation and Dates: | | | |
| If applicable, date service m | ember separated from acti | ve duty:// | / | |
| I will be using Post 9/11 Trar | sfer of Entitlement benefit | ss: 🗆 Yes 🗖 No | | |
| I will be using benefits und | er the Fry Scholarship: | Yes □ No | | |
| documentation: 1) Statement from the 2) Service member's st. I am a spouse of a 1) Statemer | service member's commar ate or federal income tax f n active service member | nding or personnel officer listilings with you, the dependent stationed or domiciled in Car's commanding or personne | sting the dates and ent, listed as an ex alifornia on active | |
| | eran and qualify for Chap gibility showing you are eli | oter 35 benefits. gible for Chapter 35 benefits | s. | |
| For Veterans and Service Me | <u>embers</u> | | | |
| | | Section 702. Please submi | t the following do | cumentation: |
| 1) Service member's form DD214. 2) Certificate of Eligibility showing you are eligible for Post 9/11 Transfer of Entitlement benefits or the Fry Scholarship. | | | | |
| I am an out-of-state veteran student under Ch. 31 Vocational Rehabilitation and Employment (VR&E). Please submit the following documentation: | | | | |
| Service member's form DD2 VA Form 28-1900, Authoriza | | ntrance or Reentrance into I | Rehabilitation and | Certification of Status. |
| By signing this form, you unde | erstand that any misreprese hat must be paid in accorda | ntation of information provid | led may result in di | weeks following the receipt of your request. sciplinary action in accordance with Student Disciplinary Action and fee payments. Further, you understand that state residency tart of the enrolled term. |
| Student's Signature [| ≫ | | | Date: |
| | | OFFICE U | SE ONLY | |
| ☐ Approved ☐ Denied | | dent Waiver • Out-of-State | | |
| Effective Term: | Effective Date: | Done by: | Coded: | Student Notified: |