



# MILITARY MEDICAL INSURANCE AND MILITARY ID CARD VERIFICATION REQUEST

Date Received

Date Processed

Student ID #

GENERAL		
_____	_____	_____
Last Name	First Name	M.I.
_____	_____	
Student ID #	Social Security #	
_____	_____	
Phone #	E-mail	
_____	_____	
Degree/Certificate	Quarter & Year of Expected Graduation	
_____	_____	
Signature	Date	

PURPOSE	
<input type="checkbox"/> Military Medical Insurance	_____
	<i>Military Sponsor's Name</i>
<input type="checkbox"/> Military ID Card Renewal	_____
	<i>Military Sponsor's SSN</i>

South Puget Sound Community College has authorized the National Student Clearinghouse to provide all other verifications instantly at [www.nslc.org](http://www.nslc.org)

Last Name, First

DELIVERY	
<input type="checkbox"/> Pick up	_____
	<i>Name of person besides self who can pick up verification.</i>
<input type="checkbox"/> Fax	_____
	<i>Attention:</i>
	<i>Fax Number:</i>
	_____
	_____
	<i>Name</i>
<input type="checkbox"/> Mail	_____
	<i>Address</i>
	_____
	<i>Address</i>
	_____
	<i>City, State, Zip</i>
	_____