

VERIFICATION OF COMMAND SPONSORSHIP FOR SY ____/____

(TO BE USED BY SPONSORS WHOSE DEPENDENT/S IS/ARE AUTHORIZED TRANSPORTATION AT U.S. GOVERNMENT EXPENSE BUT IS/ARE NOT LISTED ON THE SPONSOR'S PRIMARY ORDERS.)

In accordance with DoD Directive 1342.13, tuition-free schooling is authorized for command sponsored dependents. Request command sponsorship be certified as shown below. Failure to provide this certification along with the commander's endorsement would result in the denial of enrollment in a Non-DoD tuition-fee school at Government expense. A copy of the sponsor's PCS order is to be attached. All members of a family may be listed on the same form. (Please print clearly.)

PART I - SPONSOR'S CERTIFICATION (Select a, b, or c below, as applicable.)

I, _____, assigned to _____, certify that:
(Sponsor's Name printed in capital letters) (Unit)

(a) ____ (MILITARY SPONSOR) I am serving an accompanied tour of ____ months and the student(s) listed below is/are my minor dependents(s). My dependent(s) is/are authorized transportation at Government expense to/or from my duty station.

Signature: _____ Date: _____

(b) ____ (CIVILIAN SPONSOR) I am a full time DoD civilian employee, assigned overseas, paid with appropriated funds, and the student(s) listed below is/are my minor dependents(s) and I am receiving Living Quarters Allowance at the "with dependents rate".

Signature: _____ Date: _____

(c) ____ (NON APPROPRIATED FUND SPONSOR (NAF)) I am a full-time NAF employee, assigned overseas and I am receiving Living Quarters Allowance at the "with dependents rate" and my dependent(s) listed below is/are authorized transportation at Government (NAF) expense to and/or from CONUS.

Signature: _____ Date: _____

STUDENT'S NAME

DATE OF BIRTH

RELATIONSHIP

- | | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

PART II - COMMANDER'S ENDORSEMENT

(This endorsement is to be completed by the sponsor's Commander, or by the servicing Personnel Office.)

This is to certify that (Sponsor's Name and Rank) _____

is assigned to (unit) _____

and is serving an accompanied tour of ____ months with an expected rotation date of ____ D/M/Y .

According to the member's service record, the above named student(s) is/are legal dependent(s) of this member and is/are command sponsored.

PRINT: Name: _____ Rank: _____ Title: _____

Unit: _____ APO/FPO: _____

Signature: _____ Date: _____ Telephone: _____

Address of Servicing Personnel Office: _____