



FEE COLLECTIONS AND REFUNDS
OFFICE OF FINANCIAL SERVICES

Verification of National Guard Service

Name: _____ Semester _____
Social Security Number: ____ - ____ - _____

This is to certify that the above named individual is in the National Guard as of _____. This certification entitles the individual to a tuition rate applicable to active duty service members. Please submit a valid copy of your National Guard I. D. (front and back) and a copy of your enlistment documentation.

Name of Educational Services Officer Military Installation

Signature of Educational Services Officer

Return Form to: Bursar's Office
516 Main Street
University of South Carolina
Columbia, SC 29208
Fax: 803-777-0038