



# DEPLOYMENT VALIDATION FORM

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## Military and Veteran Services

907-474-7400 • uaf-veterans@alaska.edu  
www.uaf.edu/veterans/

P\_\_\_\_\_

Office use only

This form is used to verify your deployment to determine that you qualify to have your UAF course fees covered by a scholarship.

\_\_\_\_\_ Student last name \_\_\_\_\_ First name \_\_\_\_\_ UA ID number (if known) \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_ Rank \_\_\_\_\_ Unit \_\_\_\_\_

Deployment dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Student signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by one of the following: PLT LDR/Co CDR/BN CDR

\_\_\_\_\_ PLT LDR/Co CDR/BN CDR full name \_\_\_\_\_

\_\_\_\_\_ Rank/title \_\_\_\_\_

\_\_\_\_\_ PLT LDR/Co CDR/BN CDR signature \_\_\_\_\_ Date \_\_\_\_\_