

**VETERANS**  
Veteran's Tuition Waiver  
Office of Veteran's Affairs

Naugatuck Valley Community College  
750 Chase Parkway  
Waterbury, CT 06708

SEMESTER \_\_\_\_\_

MAJOR \_\_\_\_\_

STUDENT ID NUMBER @ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

VETERANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CERTIFYING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_