

Texas Hazlewood Act Exemption Application For Continued Enrollment *

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For (Term)	(Year)	-	
SUBMIT THIS APPLICATION TO	O YOUR COLLEGE OR UN	NIVERSITY	
Student's Name:	First Nam	ne	MI
Student's SSN:	Date of Birth:/	/(MM/	[/] DD/YYYY)
Student's School ID#:			
Address: Street	City	State	Zip Code
To qualify for the Hazlewood Exemption, the Veter made or guaranteed by the state of Texas. State loan Does the Veteran, child or spouse have a loan throug	s can be viewed at http://wv	ww.hhloans.cor	<u>m/</u> .
☐] Yes [☐] No	Title rexustrigher Education	in coordinating	boara: [
If yes, is the loan in default status?			
[] Yes [] No			
I am applying for continuation of the exemption from particle (The Hazlewood Act). I understand that I may be entiticated thours at Texas public institutions of higher educations for which I receive this exemption, I grant permissivelease credit hour information to the Texas Veterantinformation with any institution that I might attend.	led, under the law, to this ex ation. For the purpose of acc sion to any institution in whicl	temption for up counting for the h I have enrolled	to 150 semester total number of d or will enroll to
I have previously used hours under the Texas Haz	lewood Act Exemption.		
Student's Signature:	Date:		

* This form will <u>not</u> be used for initial application for the Hazlewood Exemption, but may be used for enrollment of students subsequent to initial enrollment at the school in which the student is currently and consistently enrolled. If a break in enrollment or change of school occurs then the complete Hazlewood Exemption application must be completed.