

**OFFICE OF ADMISSIONS
University of New Orleans
New Orleans, LA 70148**

VERIFICATION OF ACTIVE DUTY FOR TEMPORARY RESIDENCY

This is to certify that: _____
name of servicemember rank serial number

is presently on active duty in _____
branch of armed services

and is assigned to _____
name of military installation

located at _____
city, state

Date of transfer to Louisiana _____
month / day / year

Expected Date of transfer out of Louisiana _____
month / day / year

signature (unit commander), rank

position or title

date



If the student is someone other than the servicemember, please complete the following:

Student Dependent(s):

Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____