

University of South Alabama

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EDUCATIONAL BENEFIT CERTIFICATION

INSTRUCTIONS:

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NOTE 7 K H U H V S R O V G L E Y O V S X D O M U H S R U W W R H A X P O U C H F K D O K H D W B O H F L V E X E D W M U H G X F I W L F P O U U I R D J H
 G H S H Q G H L Q R U F E K D Q H S H C F K H L O H D F B H H) D I V O R U H S R U W H T O X I D O F H U D O Q J H V U H V O W M H Y H R B W D O X L W L R Q F U H G
 6 S R X V H Q G G H S H Z I G R D W H D S I R O L H Q D Q G L D O F O X G G B Q W X O R V D G L V H S O R F D M E I H R Q Q I D V U H D R X U F H W) B O L F O M U G H V
 L Q R X I U Q D C F L L O D S S C L F X O M E V R O H W T K O W H S G \ F H Q M G H I L O D D Q S F L O O Q W V R U O R D Q V

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I. EMPLOYEE S D U / H S A V R RETIREE / AFFILIATE INDIVIDUAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE J#	ACADEMIC YEAR APPLYING FOR
TITLE	DEPARTMENT/DIVISION	OFFICE PHONE NUMBER	ALTERNATE PHONE NUMBER	E-MAIL ADDRESS
EMPLOYMENT STATUS	R 5 H J X O X O W L R 5 H J X G B W L U H H			

II. STUDENT INFORMATION & K H F N K H U H L I V W X G H Q W L V H Q U R O O H G L Q 3 \$ 6 6 \$ * (8 6 \$

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III. CERTIFICATION AND SIGNATURE OF EMPLOYEE S D U / H S A V R RETIREE / AFFILIATE INDIVIDUAL

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