

What documentation is required to show that I qualify as a Veteran on the FAFSA?

Resolution Required: The student can provide the DD214 form showing that "Character of Service" is other than "dishonorable." The "Character of Service" can only be found on Members-4 form and Service-2 form.

Sample DD 214

Member - 4 Form

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY			
This Report Contains Information Subject to the Privacy Act of 1974, As Amended			
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH	
3. SOCIAL SECURITY NUMBER			
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		b. STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE AMOUNT: \$ <input type="checkbox"/> NONE
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE	
A		a. DATE ENTERED AD THIS PERIOD	YEAR(S) MONTH(S) DAY(S)
		b. SEPARATION DATE THIS PERIOD	
		c. NET ACTIVE SERVICE THIS PERIOD	
		d. TOTAL PRIOR ACTIVE SERVICE	
		e. TOTAL PRIOR INACTIVE SERVICE	
		f. FOREIGN SERVICE	
		g. SEA SERVICE	
		h. INITIAL ENTRY TRAINING	
		i. EFFECTIVE DATE OF PAY GRADE	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (At period of sep. if)		14. MILITARY EDUCATION (Course No., number of weeks, and month and year completed)	
M		15a. COMMISSIONED THROUGH SERVICE ACADEMY	
		b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107a)	
		c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 100) (If Yes, specify of commitment)	
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES NO
18. REMARKS			
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.			
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		b. NEAREST RELATIVE (Name and address - include ZIP Code)	
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) OFFICE OF VETERANS AFFAIRS			YES NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)			YES NO
21. a. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22. a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade title, signature)	b. DATE (YYYYMMDD)
E			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (include upgrade)	
25. SEPARATION AUTHORITY		26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)			30. MEMBER REQUESTS COPY 4 (Initials)

DD FORM 214, AUG 2009 PREVIOUS EDITION IS OBSOLETE MEMBER - 4

Sample DD 214

Service - 2
Form

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1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER			
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7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED				
9. COMMAND TO WHICH TRANSFERRED			10. SOLI COVERAGE AMOUNT: \$		<input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)			12. RECORD OF SERVICE				
A			a. DATE ENTERED AD THIS PERIOD			YEAR(S) MONTH(S) DAY(S)	
			b. SEPARATION DATE THIS PERIOD				
			c. NET ACTIVE SERVICE THIS PERIOD				
			d. TOTAL PRIOR ACTIVE SERVICE				
			e. TOTAL PRIOR INACTIVE SERVICE				
			f. FOREIGN SERVICE				
			g. SEA SERVICE				
			h. INITIAL ENTRY TRAINING				
			i. EFFECTIVE DATE OF PAY GRADE				
			13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of award)			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)	
15a. COMMISSIONED THROUGH SERVICE ACADEMY					YES NO		
			b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES NO		
			c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 100) (If Yes, type of commitment)		YES NO		
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES NO		
18. REMARKS							
L							
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25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE			
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