Veterans & Military Center
1400 John R. Lynch St.
PO Box 17084
Jackson, MS 39217-0125
Phone: 601-979-0889
Fax: 601-979-0890

Choose one: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Student's Name: _____ J-Number: _____

Exemption Type: ☐ Military Student ☐ Student Veteran ☐ Active Duty

This is verification of military exemption for the student listed above. This student has completed basic training through their branch of the military service and has delivered a copy of their DD-Form 214 to the Veterans & Military Center. This memo acknowledges that I, Ms. Kimberly Alcorn, Director of the Veterans & Military Center at Jackson State University and the student mentioned, are aware that a total of **sixty (60)** community service hours will be awarded for such military distinction. This also acknowledges that the said student is hereby responsible for the completion of their 120-community service requirement for graduation clearance.

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According to the Privacy Act of 1974, the DD-Form 214 is a document of the United States Department of Defense, therefore, limited access is required. My signature below indicates that the following statements are true.

_____ _____

Student Signature **Date**

_____ _____

Mrs. Stephanie Bibbs, VA Benefits Counselor/SCO **Date**

_____ _____

Ms. Kimberly Alcorn, Director of Veterans & Military Center **Date**