

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 6 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 P O U U I R D J H
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I. EMPLOYEE S D U / H S A V R RETIREE / AFFILIATE INDIVIDUAL INFORMATION

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| 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 6 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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