

# REQUEST FOR STATE TUITION REIMBURSEMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SSAN \_\_\_\_\_ CURRENT UNIT ASSIGNMENT \_\_\_\_\_

CONTROL NUMBER (FROM LETTER OF ELIGIBILITY) \_\_\_\_\_

SCHOOL SEMESTER AND YEAR \_\_\_\_\_

## AUTHENTIC DOCUMENTS REQUIRED FOR REIMBURSEMENT (PLEASE ATTACH):

1) OFFICIAL INVOICE/BILL FROM COLLEGE/UNIVERSITY \$ \_\_\_\_\_

2) RECEIPT SHOWING STUDENT PAYMENTS \$ \_\_\_\_\_

3) OFFICIAL GRADE(S) REPORT / OFFICIAL TRANSCRIPT - **INTERNET GRADE(S) NOT ACCEPTABLE**

## IF STUDENT PAYMENT IS LESS THAN AMOUNT ON OFFICIAL INVOICE, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CURRENT MAILING ADDRESS FOR REIMBURSEMENT CHECK:

STREET \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

HOME PHONE / CELL PHONE \_\_\_\_\_

## CERTIFICATIONS BY MEMBER:

I certify under penalty of law that the above information is true and correct, and I understand that falsifying any supporting documentation constitutes fraud and may be cause for disciplinary action or criminal prosecution. I also certify that my status with the Delaware National Guard is in good standing and that I am not currently under any adverse action with my unit. I further certify that I understand that failure to maintain compliance with all requirements of the tuition program or breaking any contractual agreements set forth in the DNG PAM 600-3 may result in the bringing of a collection action or civil lawsuit against me.

\_\_\_\_\_  
**MEMBERS SIGNATURE**

\_\_\_\_\_  
**DATE**

DNG Form 600-4(RE)

16 Jun 2006

DE-ARP-ES

DNG Form 600-1 (RE) supersedes DNG Form 600-1(RE), dtd 1 29Jan03. Previous editions are obsolete and will not be used. Form is reproducible.

**BRING OR MAIL THE REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING:**

**ARMY GUARD MEMBERS**

Delaware Army National Guard  
Attn: DENG-ES  
First Regiment Road  
Wilmington DE 19808-2191

**AIR GUARD MEMBERS**

Delaware Air National Guard  
Attn: ROM  
2600 Spruance Drive  
New Castle DE 19720-1615

**EDUCATION REVIEW BOARD ACTION**

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TYPED NAME OF EDUCATION REVIEW BOARD ADMINISTRATOR

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SIGNATURE OF EDUCATION REVIEW BOARD ADMINISTRATOR

DATE

**OFFICE OF THE STATE COMPTROLLER**

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DATE RECEIVED

DATE PAID

AMOUNT PAID

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FAIR PCT FORMULA (IF APPLICABLE)

SIGNATURE

DATE

**PRIVACY ACT STATMENT**

AUTHORITY: Delaware State Code, Title 14, Section 3411. USC 2005, Title 10 and USC 2007, Title 10.

PRINCIPAL PURPOSE(S): Used to list course(s) for which the service member is receiving tuition assistance from the State of Delaware.

ROUTINE USES: Used as a record of course(s) for which the service member is receiving tuition assistance.

DISCLOSURE: Disclosure of information is mandatory. DNG Form 600-2 (RE) is the only authorized form in which a service member can request changes to course enrollment. Failure to use this form, when required, may result in the loss of reimbursement for tuition assistance previously approved.