

JOHN JAY COLLEGE OF CRIMINAL JUSTICE  
445 West 59<sup>th</sup> Street  
New York, New York 10019

Uniformed Services Waiver Program

Fall 20\_\_

Spring 20\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This is to certify that I am employed as a full time, non-supervisory member of the uniformed service of:

\_\_\_ New York City Police Department

\_\_\_ New York City Department of Corrections

\_\_\_ New York City Fire Department

\_\_\_ New York State Police

\_\_\_ New York State Department of Corrections

\_\_\_ New York State Court Officers

\_\_\_ Other: \_\_\_\_\_

I understand that I may be entitled to a partial Tuition Waiver that will be applied to my tuition "balance due" providing that I have fulfilled the employment eligibility requirement, and that I am a matriculated student enrolled in a degree granting program pursuing my first Associate or Bachelors degree. I further understand that if I am found ineligible, I will be responsible for any outstanding tuition.

Signature: \_\_\_\_\_ Rank: \_\_\_\_\_ Shield #: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of College Official: \_\_\_\_\_