

Summer 2018 Child of Veteran or Public Safety Officer (CDV)

Student's Name: _____ **ID#:** _____

To have your eligibility for CDV checked for the summer term, please sign and return this form. You can mail, fax, or email this form to our office.

Student's Signature _____ **Date** _____

*Student Financial Services
1002 N 1st St.
Vincennes, IN 47591
Fax: (812)888-4261
Phone: (812)888-4361
Email: fa@vinu.edu*