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# NAVY HPSP ACADEMIC YEAR STATEMENT

In order to establish an exact benefit start date, the student and the school registrar must complete the information below. All information should be filled in and the form sent to the Navy Medicine Accessions Department.  If received without proper school endorsement,  signatures, or incomplete fields, tuition and/or benefit payments may be affected and it will be sent back to the student for completion.  Please email completed form, as well as any questions to:   USN.OHSTUDENT@MAIL.MIL. PLEASE PRINT CLEARLY!

## Student Information

| Full Name of Student | Last Four of Social Security Number | E-mail Address |
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|  | LEAVE BLANK |  |

Program:    ☐ Medical    ☐ Dental    ☐ Optometry    ☐ Podiatry    ☐ Clinical Psychology

School Name:

School Address:

(Street, City, State, and Zip Code)

*As a participant in the Armed Forces Health Professions Scholarship Program, I hereby authorize my university to release all information  concerning my academic performance and/or enrollment status to the Navy Medicine Accessions Department, Bureau*

Academic Year Statement - HPSP Form - 26 Aug 2015(fillable).pdf - Adobe Acrobat Pro DC

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# NAVY HPSP ACAD~~~~~~~~~ENT

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STUDENT SIGNATURE:                              DATE:

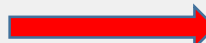# NAVY HPSP ACADEMIC YEAR STATEMENT

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**School Name:** [_____]

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