

First Responder Certificate of Verification & Authorization for Release of Information

Law Enforcement Officer's (Officer) or Firefighter's Name and Address

First Name and Middle Initial	Last Name	
Current Mailing Address (Number and Street)		
City	State	ZIP Code
Social Security Number		

Please indicate the calendar year: _____

Please check the applicable box(es):

- I certify I am a Nebraska resident and a law enforcement officer (officer) pursuant to [Neb. Rev. Stat. § 81-1401\(8\)](#). Law enforcement officer means any person who has successfully completed an entry-level law enforcement certification from a training academy and who is responsible for the prevention or detection of crime or the enforcement of the penal, traffic, or highway laws of the state or any political subdivision of the state for more than one hundred hours per year and is authorized by law to make arrests.
- I certify I am not an employee of the Department of Correctional Services, a probation officer under the Nebraska Probation System, a parole officer appointed by the Director of Supervision and Services of the Division of Parole Supervision, or an employee of the Department of Revenue under [Neb. Rev. Stat. § 77-366](#).

Attach a copy of most recent pay stub. Must correspond with calendar year entered above. Must be legible and contain no redacted information.

- I certify that I am a Nebraska resident and a professional firefighter pursuant to [Neb. Rev. Stat. § 85-2602\(7\)](#) of the First Responder Recruitment and Retention Act (Act). Professional firefighter means an individual employed as a full-time firefighter or firefighter-paramedic who is a member of a paid fire department of any of the following entities within Nebraska: (a) A municipality, including a municipality having a home rule charter or a municipal authority created pursuant to a home rule charter that has its own paid fire department; (b) A rural or suburban fire protection district; or (c) A fire service providing fire protection to state military installations.

Attach a copy of most recent pay stub. Must correspond with calendar year entered above. Must be legible and contain no redacted information.

First Responder Certificate of Verification & Authorization for Release of Information

Legal Dependent Tuition Waiver Applicant Information

Legal Dependent's First Name and Initial	Legal Dependent's Last Name	Legal Dependent's Social Security Number

Submit a copy of the Form FRVA from DOR with the application for tuition waiver to the public postsecondary educational institution

Under penalty of perjury, I have examined this form including the information submitted with the form, and to the best of my knowledge and belief, it is correct and complete.

I hereby certify that I authorize DOR to release information to any public postsecondary educational institution(s) under the Act, including but not limited to whether I met or did not meet the requirements for Nebraska residency and employment for the purpose of applying for a tuition waiver.

**sign
here**

Signature of Law Enforcement Officer or Professional Firefighter _____ Date _____
()
Phone Number _____ Email Address _____

Please be advised this is not an application for tuition waiver, it serves as verification of employment and residency of the First Responder. The public postsecondary educational institution is responsible for (1) determining the individual's eligibility for, and (2) the granting of the tuition waiver.

For DOR Use Only

- Verified for calendar year _____
- Not Verified
 - Does not meet the more than 100 hours worked in a year requirement for law enforcement officer
 - Does not meet the definition of law enforcement officer in [Neb. Rev. Stat. § 81-1401\(8\)](#)
 - Does not meet the definition of professional firefighter or firefighter-paramedic in [Neb. Rev. Stat. § 85-2602\(6\)](#)
 - Not a resident of the State of Nebraska
 - Other: _____

Signature of DOR Representative _____

Printed Name and Title _____

Date _____

Instructions

Complete the Certificate of Verification & Authorization for Release of Information, Form FRVA. The form may be submitted to DOR at revenue.nebraska.gov. When using this secure method of submission you will receive an email confirmation that may be kept with your records as proof your form was received by DOR. If you do not see the email confirmation in your inbox, check your spam or junk folder.

When DOR completes its review, the form indicating verified or not verified will be returned to you to submit with the application for a tuition waiver to the public postsecondary educational institution. If an email address was entered, the form will be returned electronically, otherwise it will be mailed back to you.

By entering an email address, the First Responder acknowledges that DOR may contact the First Responder by email. The First Responder accepts any risk to confidentiality associated with this method of communication. DOR will send all confidential information by secure email or the State of Nebraska's file share system. If you do not wish to be contacted by email, write "Opt Out" on the line labeled "email address."

This form must be completed and submitted each year to DOR with the required documentation for verification of residency and employment of the officer or firefighter when applying for a tuition waiver with the state university, state college, or community college. For additional information see [DOR's website](#).

Please note the legal dependent tuition waiver recipient may need to complete a Form FRVA-N. Tuition waiver recipients completing an undergraduate degree at a state college or state university do not need to complete the Form FRVA-N.