

First Responder Certificate of Verification & Authorization for Release of Information

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

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

Instructions

Print and complete the Certificate of Verification & Authorization for Release of Information, Form FRVA, from the Nebraska Department of Revenue (DOR) webpage. The form may be uploaded directly 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.

When DOR completes its review of the form, page 2 will be returned to you. If you entered an email address on page 2 it will be returned electronically, otherwise it will be mailed back to you.

By entering an email address, the First Responder and legal dependent acknowledge that DOR may contact the First Responder or legal dependent by email. The First Responder and legal dependent accept 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."

Please indicate the educational institution (University of Nebraska campus, state college, or community college) the application for a tuition waiver will be submitted to: _____ and the calendar year: _____

If you apply to a different educational institution, you will need to complete and submit a new Form FRVA.

Please check the applicable box(es):

- I certify I am a Nebraska resident and a law enforcement officer (officer) who is (1) responsible for the prevention or detection of crime or the enforcement of the penal, traffic, or highway laws of the State of Nebraska or any political subdivision of the State for more than 100 hours per year; (2) authorized by law to make arrests; and (3) currently employed by (check one of the following boxes).
 - a police department in a municipality
 - a sheriff's office
 - the Nebraska State Patrol as an officer

Attach a copy of most recent pay stub. Must correspond with calendar year entered above.

- I certify I am a Nebraska resident and a professional firefighter or firefighter-paramedic (firefighter) (1) who is a member of a paid fire department of a municipality or a rural or suburban fire protection district defined in the First Responder Recruitment and Retention Act (Act); and (2) firefighting is my full-time career.

Attach a copy of most recent pay stub. Must correspond with calendar year entered above.

- I have checked one of the boxes above and my legal dependent [as "dependent" is defined under the [Free Application for Federal Student Aid \(FAFSA\)](#)] will be submitting an application for a tuition waiver.

Legal dependent's name _____

Legal dependent's social security number _____

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.

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Attach page 2 to your application for tuition waiver to the 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 the DOR to release information under the Act, including whether I met or did not meet the requirements for Nebraska residency and employment, to the state university, state college, or community college listed below for the purpose of applying for a tuition waiver.

**sign
here**

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

I understand I will need (1) to enter an agreement with the educational institution to repay, upon request, the educational institution the amount of tuition that was waived if I fail to meet the requirements of Neb. Rev. Stat. § 85-2605; and, (2) to complete a Form FRVA-N if I don't plan to use additional tuition waivers. I authorize the DOR to release information under the Act, to the educational institution listed below.

**sign
here**

Signature of Legal Dependent _____ Date _____
() _____
Phone Number _____ Email Address _____

Tuition Waiver Applicant Information

First Name and Initial	Last Name
Last 4 digits of Social Security Number:	
Educational Institution:	

Please be advised this is not an application for tuition waiver, it serves as verification of employment and residency of the First Responder. The educational institution listed above 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 officers
 - Does not work for a law enforcement agency as defined by the Act
 - Not a resident of the State of Nebraska
 - Other: _____

Signature of DOR Representative _____ Printed Name and Title _____ Date _____