

**VERIFICATION OF COMMAND SPONSORSHIP FOR SY \_\_\_\_ / \_\_\_\_**  
 (TO BE USED BY SPONSORS WHOSE DEPENDENT/S IS/ARE AUTHORIZED TRANSPORTATION AT  
 U.S. GOVERNMENT EXPENSE BUT IS/ARE NOT LISTED ON THE SPONSOR'S PRIMARY ORDERS.)

**Return to:** DoDDS Europe or DoDDS Europe  
 Attn: Non DoD School Program Attn: Non DoD School Program  
 Unit 29649, Box 7100 Postfach 2267  
 APO, AE 09096 D-65012 Wiesbaden, Germany  
**Telephone: +49-611-380-7220; FAX: +49-611-380-7279; E-Mail: [ndsp.europe@eu.dodea.edu](mailto:ndsp.europe@eu.dodea.edu)**

In accordance with DoD Directive 1342.13, tuition-free schooling is authorized for command sponsored dependents. Request command sponsorship be certified as shown below. Failure to provide this certification along with the commander's endorsement would result in the denial of enrollment in a Non-DoD tuition-fee school at Government expense. A copy of the sponsor's PCS order is to be attached. All members of a family may be listed on the same form. (Please print clearly.)

**PART I - SPONSOR'S CERTIFICATION (Select a, b, or c below, as applicable.)**

I, \_\_\_\_\_, assigned to \_\_\_\_\_, certify that:  
 (Sponsor's Name printed in capital letters) (Unit)

(a) \_\_\_\_ (MILITARY SPONSOR) I am serving an accompanied tour of \_\_\_\_\_ months and the student(s) listed below is/are my minor dependents(s). My dependent(s) is/are authorized transportation at Government expense to/or from my duty station.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(b) \_\_\_\_ (CIVILIAN SPONSOR) I am a full time DoD civilian employee, assigned overseas, paid with appropriated funds, and the student(s) listed below is/are my minor dependents(s) and I am receiving Living Quarters Allowance at the "with dependents rate".  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(c) \_\_\_\_ (NON APPROPRIATED FUND SPONSOR (NAF)) I am a full-time NAF employee, assigned overseas and I am receiving Living Quarters Allowance at the "with dependents rate" and my dependent(s) listed below is/are authorized transportation at Government (NAF) expense to and/or from CONUS.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<u>STUDENT'S NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**PART II - COMMANDER'S ENDORSEMENT**

(This endorsement is to be completed by the sponsor's Commander, or by the servicing Personnel Office.)

This is to certify that (Sponsor's Name and Rank) \_\_\_\_\_

is assigned to (unit) \_\_\_\_\_

and is serving an accompanied tour of \_\_\_\_\_ months with an expected rotation date of \_\_\_\_\_ D/M/Y.

According to the member's service record, the above named student(s) is/are legal dependent(s) of this member and is/are command sponsored.

**PRINT:** Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_

Unit: \_\_\_\_\_ APO/FPO: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Servicing Personnel Office: \_\_\_\_\_