

## \*\*MUST BE ON OFFICIAL PUBLIC OFFICE/DISTRICT/ETC. LETTERHEAD\*\*

## <ENTER DATE>

ATTN: Specialized Student Billing Texas A&M University Student Business Services 6001 TAMU College Station, Texas 77843 ssb@tamu.edu

Dear Student Business Services,

Pursuant to Texas Education Code, Section 54.354, this letter certifies that **<ENTER EMPLOYEE/VOLUNTEER NAME>** was once a **<PAID/VOLUNTEER> <ENTER PUBLIC SERVICE POSITION>** for the **<ENTER NAME OF PUBLIC OFFICE/DISTRICT/ETC.>** In addition, this letter certifies that **<ENTER EMPLOYEE/VOLUNTEER NAME>** was killed in the line of duty on **<ENTER DATE>**.

I, <ENTER NAME>, as a <SUPERVISOR/HR REPRESENTATIVE/ETC.> of <ENTER NAME OF PUBLIC OFFICE/DISTRICT/ETC.> certify that the information provided in this letter is true and accurate.

## Signature of Supervisor/HR Representative and Date required

\*\*This letter does not need to be notarized\*\*

750 Agronomy Road, Suite 2801 6001 TAMU College Station, TX 77843-6001