

CHILDREN OF DISABLED OR DECEASED FIREFIGHTERS AND LAW ENFORCEMENT OFFICERS

Certification Form

The head of the department in which the eligible firefighter or law enforcement officer was employed (or volunteered) at the time the incident occurred must file a certificate with the Texas Higher Education Coordinating Board using this template (see [Texas Education Code, Section 54.351](#)).

THE TEXT BELOW MUST BE WRITTEN ON OFFICIAL DEPARTMENT OR AGENCY LETTERHEAD.

Texas Higher Education Coordinating Board
ATTN: Financial Aid Services
1200 E. Anderson Lane
Austin, Texas 78752

To Whom It May Concern,

Pursuant to Texas Education Code, Section 54.351, this letter certifies that **(FULL NAME OF DECEASED OR DISABLED OFFICER)** was once a paid or volunteer **(SELECT FROM THE LIST BELOW)** for the **(NAME OF DEPARTMENT OR AGENCY)**.

- Firefighter
- Municipal peace officer
- County peace officer
- State peace officer
- State game warden
- Custodial officer of the Texas Department of Criminal Justice

In addition, this letter certifies that **(FULL NAME AS STATED ABOVE)** suffered an injury sustained in the line of duty on **(DATE OF INJURY)**.

This injury resulted in his or her:

- Death on **(DATE OF DEATH)**
- Disability

NOTE: If the individual is disabled, a certificate of disability issued by a physician designated to make disability reports to the Social Security Administration must be provided with this letter. The physician's certification must align with the meaning of *disability* as described in [TEC, Section 54.351\(a\)\(2\)](#).

Pursuant to [TEC, Section 54.351\(h\)](#), the head of **(NAME OF DEPARTMENT OR AGENCY)** or the authorized official named below certifies that the information provided in this letter and in the attached documents is true and accurate.

Signature of Department Head or Authorized Official

Date

Full name

Title

Email

Phone number