

# Texas Higher Education Coordinating Board

## GRANTS AND SPECIAL PROGRAMS

P.O. Box 12788 Austin, Texas 78711

Located at 1200 East Anderson Lane, 78752

**Note:** The following is intended to serve as a guide to the content of a letter of certification of injury as provided in Section 54.354 (previously Government Code 615.0225), Texas Education Code. Appropriate introductory and closing paragraphs may be added to fit the needs of the writer. Letter must be written by the agency the eligible employee worked for on the official letterhead stationery of the agency.

Attn: Registrar's Office

Name of Texas Public College or University

Institution Address

City Texas, Zip

Dear Name of Contact,

Pursuant to Section 54.354 (Previously Government Code 615.0225), Texas Education Code this is to certify that (name of eligible employee) was a full-paid employee of the (name of employer) from (date of first employment) until (date of injury) and on (date employment terminated) suffered an injury which resulted in death and was sustained in the line of duty according to the regulations and criteria then in effect governing the department (or agency) in which employee was employed.

It is my understanding that (name of eligible employee) is the parent of (name of eligible child) who seeks exemption, as provided in said SECTION 54.354, from the payment of tuition and laboratory fees, text books and possibly free room and board until the student receives a bachelor degree or 200 hours of course credit, whichever comes first, as provided in said Section 54.354, (previously Government Code 615.0225) required for enrollment at name of college or university.

(Mr.)(Ms.) (name of eligible child) is (child's age) years of age and DOB is / / . This is (his) (her) initial application for benefits under the law.

Sincerely,

(Name and Title)

CC: (Student Name and Address)