From: (Your Commander or Officer in Charge)  
To: Pennsylvania State University Office of Veterans Programs  
Subj: REQUEST FOR PRIORITY REGISTRATION  

1. This is to certify that (Name of Service Member) is presently serving with (Your command name here).  

2. Service Member Information:  
   a. Active Duty Service Dates: ____________ to ____________.  
   b. Characterization of Service: (Honorable, General, etc.)  
   c. Penn State ID Number: (Your 9-digit PSU ID #)  
   d. Penn State Email/User ID: _____________________  

3. The point of contact is (Name of point of contact) and may be reached at (include phone number and email address).  

(Physical signature of Commander; no electronic signatures accepted)  

Printed Name of Commander