



VETERANS REQUEST FOR CERTIFICATION

TERM: FALL WINTER SPRING SUMMER

NAME

STUDENT ID

ADDRESS

CITY

ZIP CODE

TELEPHONE

BIRTH DATE

VA FILE NO

SOCIAL SECURITY NUMBER

EMAIL

CHAPTER STATUS:

GI BILL30

SELECTIVE RESERVES 1606

VOC REHAB 31

DEPENDENT 35

CHAPTER 33

STUDENT STATUS:

CURRENT

NEW

PRIOR SCHOOLCRAFT

GUEST

TRANSFER

PROGRAM NAME

DEPT & NUMBER	SECTION	COURSE NAME	CREDITS

REPEATED COURSE(S) AND GRADE(S)

READ CAREFULLY AND SIGN:

I hereby acknowledge that I have been informed that as a person claiming benefits under Title 38, United States Code, I am required to report to the Veterans Administration through the college's Office of Veterans Affairs any withdrawals, credit hour reductions, or any other change(s) in institutional status. Failure to report promptly such changes may obligate the college to determine and certify last date of pursuit according to any other available information.

In accordance with Public Law 93-579 (Privacy Act 1974), I understand that: authority delegated by the VA pursuant to Title 38, USC, the information requested is considered relevant and necessary and will be used in my best interest in determining eligibility to the maximum benefits allowable by law, and this information may be disclosed as permitted by law.

I have voluntarily provided this information.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF VA REP

DATE

CLEAR FORM

SAVE

PRINT

SUBMIT