

VETERANS REQUEST FOR CERTIFICATION

FALL

WINTER

SPRING

SUMMER

CHANGE OF INFORMATION: NAME ADDRESS PROGRAM

NAME: _____ STUDENT ID: _____

ADDRESS: _____ CITY & ZIP: _____

TELEPHONE: _____ BIRTHDATE: _____

VA FILE No: _____ S.S. NUMBER: _____

EMAIL: _____

CHAPTER STATUS: GI BILL 30 SELECTIVE RESERVES 1606/1607
 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)/GRADE(S): _____

Carefully Read 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 changes in institutional status. Failure to promptly report 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: _____