

Veterans CERTIFICATION REQUEST  
For Veteran Students and Dependents of Veterans

1. **NAME:** \_\_\_\_\_ **VA CLAIM/SSN #:** \_\_\_\_\_  
(If you are applying for Ch. 35 dependent's education assistance, please provide the veteran's VA file number)

**MAILING ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **MESS. PHONE:** \_\_\_\_\_

2. VA benefit education program you are applying for (Please check one):

- Post 9/11 GI Bill (Chapter 33-effective 8/1/09)
- Montgomery GI Bill-Active Duty (Chapter 30 – Active Duty after 7/1/85)
- Montgomery GI Bill-Selected Reserves (Chapter 1606 – Reserve and National Guard)
- Reserve Educational Assistance Program (REAP – Chapter 1607)
- Dependents and Survivors Educational Assistance (Chapter 35)
- Veterans Educational Assistance Program (VEAP –Chapter 32)
- Vocational Rehabilitation (Chapter 31)

3. Have you previously used VA education benefits? YES / NO

4. Are you currently on active duty in the Armed Forces? YES / NO If so are you receiving Tuition Assistance from the Department of Defense? YES / NO

5. Are you a: Veteran \_\_\_ Reservist/National Guard Member \_\_\_ Dependent/Spouse \_\_\_

6. Residency Classification Status: In-State \_\_\_ Out of State \_\_\_

7. Current Degree Program: \_\_\_\_\_

8. Term of Enrollment: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

9. Total Number of Credit hours for current term: \_\_\_\_\_

NOTE: The completion of this form will enable the school certifying official to certify enrollment to the Department of Veterans Affairs. This information needs to be provided timely to ensure that benefits are properly authorized.

Any questions regarding VA education benefits should be directed to VA by calling the toll-free Education phone number 1-888-442-4551 or using the "Ask a Question" feature at the GIBILL website.

GENERAL BENEFIT INFORMATION: Benefit payments are made directly to the student (other than tuition and fees under Post 9/11 GI Bill). It is the student's responsibility to keep the VA informed of your mailing address and direct deposit data.

Signature \_\_\_\_\_ Date \_\_\_\_\_