



Veteran Benefit Authorization Form

You should only complete this form once per term immediately after registering for courses if:

- You are a veteran, active duty military, reservist, national guard, or a dependent of a veteran and
- You are eligible for and plan to use one of the VA education benefits listed below.

STUDENT NAME: _____

ID or SSI# _____ Email _____

Phone # _____ Degree Program: _____

Please circle only one term: Spring Summer Fall Year: _____

Please check the VA education benefit program you plan to receive for the indicated term:

- Chapter 30 -Regular Active Duty Education Assistance
- Chapter 33 -Post 911 Education Assistance
- Chapter 31 -Disabled Veterans Vocational Rehabilitation and Employment
- Chapter 1606 -Selected Reserve Education Assistance
- Chapter 1607 -Reservist Educational Assistance
- Chapter 35 -Veterans' Survivors and Dependents Educational Assistance
- Chapter 35 VA File Number _____
- Other: _____ (e.g. VRAP, Chapter 32, Selection 903, 901, REPS, etc.)

I certify that all of the information I have provided on this form is accurate to the best of my knowledge, and I understand that it is my responsibility to notify Washington State Community College School Certifying Official of any changes to my course schedule.

I understand that if I choose not to attend this semester I should follow the proper withdrawal procedure. I also understand that proper withdrawal before the semester start date may affect my financial obligation to the college, **withdrawal on or after the first day of the semester will result in a financial obligation to either the college, the VA, or both.**

I authorize Washington State Community College to certify my military education benefits with the Veterans Administration.

Student Signature: _____ Date: _____

New Applicants, Transfer and Guest Students:

In addition to this Veteran Registration Form please provide copies of the following documents:

- Copy of the Veteran's DD214
- Certificate of Eligibility
- Transcripts (High school/GED, Joint Services Transcripts, ALL previously attended college/s.)
- Request for Change of Program or Place of Training (VA Form 22-1995) required for transfer students and degree changes (veterans)
- Request for Change of Program or Place of Training Survivors' and Dependents' Education Assistance (VA Form 22-5495) required for transfer students and degree changes (Chapter 35 recipients)
- Primary School Letter (guest students only)

If you have any questions, you can contact Heather McCullough at hmccullough@wscc.edu.

Official Use Only

Certification Complete _____ (Employee Initials)