



College of the Redwoods Veteran Resource Center Veterans Certification Request Form (VCRF)

This Certification Request Form must be completed and returned to the CR VRC at your campus each semester.

Name _____
First MI Last

SSN _____ Program of Study _____ Student ID # _____

Semester: [] Fall [] Spring [] Summer Year: _____

I want to be certified for _____ units for the term indicated above (based on my enrollment and VEP). Type of benefits expected:

- Chapter 30 (Old GI Bill)
- Chapter 33 (Post 9/11)
- Chapter 31(Voc Rehab)
- Chapter 1606 (Reserves)
- Chapter 35 (Dependents)
- Other, please specify _____

Chapter 35 ONLY:
Veteran's Full Name: _____ VA File Number: _____

List all institution(s) you attended AFTER high school. You must provide a complete official academic transcript for each one, other than College of the Redwoods.

Name of College/University	City and State	Dates Attended

Have you previously received veterans' educational benefits? _____ Yes _____ No
If no, have you submitted an application for veterans' educational benefits? _____ Yes _____ No

The following may affect the monthly dollar amount of educational benefits: *dropping or adding classes, enrolling in an unauthorized repeat of a class, enrolling in courses not authorized under the general education requirements or degree program, or enrolling in classes with various beginning and ending dates and certain summer classes. I understand that:*

- I must attend class and make satisfactory progress.
- It is my responsibility to notify CR VRC if I make changes in my class load which will affect my enrollment status and rate of pay.
- It is my responsibility to ensure that the CR VRC has a current copy of my Veterans Educational Plan (VEP) before registering for my second semester.
- If I have questions regarding my eligibility or payment amounts or need to update personal information (such as address and payment type), I should call the Department of Veterans Affairs at 1-888-442-4551.

My signature below indicates that I understand the above guidelines and that I authorize the VRC staff and Certifying Official to act on my behalf and to exchange information with the VA, other applicable agencies and colleges at which I have attended or will attend as required to insure correct benefit payments and to establish eligibility for other veterans awards.

Student's Signature

Date