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***