

Military Benefits Authorization Form

	Term : Fall Spring	_ Summer	Year : 20		
Name: _	Stud	lent ID#:	SSN (last 4	SSN (last 4)	
Street A	Address:				
	tate, Zip:				
	Email:				
	Minor			es No	
	graduate Graduate How many hours d				
	ating this term?yes no Anticipate apter:	ed graduation da	ate:		
	CH. 30 Montgomery GI Bill®-Active Duty Bran	nch:			
	CH. 31 VR&E Counselor: email: email: CH. 33 Post 9/11 G.I Bill®- Veteran (Benefit Rating: %) Branch:				
	CH. 35 Post 9/11 G.I Bill's- Veteran (Benefit Rati	ing:%) Bi	rancn:		
	CH. 35 DEA (VA File#	payee#:			
	Tuition Assistance: *Student responsible for su		est to our office		
	CH. 33 Post 9/11 GI Bill®-DependentChi If Active Duty, anticipated discharge date: Benefit rating:%				
*Will you *Is this y *Will CSU	you applied for education benefits via www.va.go ou be receiving aid that directly pays toward tuition your 1st time using benefits ever?; If not, list partying Official Contact information for main school: (v? on? (ex. Tuition sp ot, list previous so ent school:	pecific scholarships) chool		
not cert	I understand VA benefits are allowable for only those or ertify courses that are not part of my program of study a understand that any schedule changes may result in m	and will adjust my o	certification as needed if my s	•	
	Student Signature:		Date:		
Departn	rtment of Veterans Affairs Determines Eligibility of VA Education Ben	efits using Social Securi	ty Number per 38 U.S.C. 3471 Title38	, United States Code	
	Office Use Only: Rec. by Date	recCOE	Jenzebar		
	Waiver Database Degree	Plan Transcr	ripts Schedule		