



VA Request for Certification

FALL SPRING SUMMER _____

CIRCLE ONE

YEAR

Student Identity Information

STUDENT'S FULL NAME

DATE OF BIRTH

VETERAN'S VA FILE NUMBER / SOCIAL SECURITY NUMBER

STUDENT'S SOCIAL SECURITY NUMBER — IF YOU ARE USING DEPENDENT BENEFITS

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PROGRAM NAME & MAJOR

Veteran Benefit Information

I am claiming the following benefit: (CHECK ONE)

- ☐ Chapter 30 Montgomery GI Bill – Current/Former Active Duty Are you currently on Active Duty? ☐
- ☐ Chapter 31 Vocational Rehabilitation & Employment Program
- ☐ Chapter 33 Post-9/11 GI Bill Are you currently on Active Duty? ☐
- ☐ Chapter 33 TEB Transfer of Eligibility (for spouse/dependent using the TEB program)
- ☐ Chapter 35 Survivors' & Dependents' Educational Assistance
- ☐ Chapter 1606 Montgomery GI Bill – Selected Reserve/National Guard
- ☐ Chapter 1607 Montgomery GI Bill – Reserve Educational Assistance Program (REAP)

Completion of this form authorizes the Cleary University Records Department to certify my enrollment and provide academic record information to the Department of Veterans Affairs to initiate processing of educational training benefits. I understand that I must complete this form EACH SEMESTER before my enrollment will be certified, and that submission of the certification does not guarantee payment of benefits. It is my responsibility to notify the Records Department immediately upon adding, dropping or withdrawing from a course, and I understand that the Records Department will also report and changes to my enrollment status.

I have read and understand the above policies and procedures.

STUDENT SIGNATURE

DATE

Please submit completed form to Records Department, VA Certifying Official, 3750 Cleary Drive, Howell, MI 48843 or Fax to 734-330-2517. You may also scan and email it to records@cleary.edu. Please call 517.338.3328 with questions.

