



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 any 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.

