

Request for VA Certification

You must notify the **Veterans Service Center**, G-301 South Campus **EACH** term that you want to receive VA Educational Benefits.

VA Claim # _____ Social Security # _____

Chapter: _____ I wish to be certified for the _____ **Term.**

Name

Street Address

Apt. No.

City

State

Zip Code

Home/Cell Phone

E-MAIL Address

List all classes that you are registered for that apply to your degree program. **Be aware of short-term classes! The Veterans Administration bases your benefits on the beginning and ending dates of your classes.**

Course Name & Number	Credit Hours	Course Name & Number	Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL CREDIT HOURS:			_____

Signature

Date

____ **Guest Student** - Please provide the Veterans Service Center with the address and phone number of the Veteran Affairs Office at your parent institution. They must authorize your certification.

Your signature above authorizes the release of your grades to your Parent School.

College Name

College Address

City

State

Zip Code

VA Contact Person

Contact Phone Number

To receive VA educational benefits, return completed form to:

Veterans Service Center, G-301
Macomb Community College
14500 E. 12 Mile Road
Warren, MI 48088-3896
Phone: 586.445.7225 FAX: 586-445-7140