

VA EDUCATION BENEFITS CERTIFICATION REQUEST

You must submit a completed certification request each semester to receive benefits

LAST NAIVIE, FIRST NAIVIE:				
CCC ID #:		SSN:		
If you are on Chapter 35 please pro	vide Sponsor's:	SSN:		(Sponsor)
MAILING ADDRESS:				
PHONE: _()	E	-mail:		
MAJOR:	YEA	\R:	TERM: \square Sp	oring \square Summer \square Fall
Units to be certified:	(Must match	Educational P	'lan)	
VA benefit education program you 30: Montgomery GI Bill-Activ		-		: 1
31: Vocational Rehabilitation		JU - ACTIVE AT	aty arter / 1 00	')
33: Post-911 GI Bill (Chapter	33)			
35: Dependents and Survivo	rs Educational Ass	sistance (Char	pter 35)	
1606: Montgomery GI Bill-Sele	ected Reserves (C	hapter 1606 -	- Reserve and N	lational Guard)
1607: Reserve Educational Ass	•	•		•
Please list all post-secondary school VA benefits. (Put N/A if no Prior Co	<u> </u>	universities yo	ou have attend	ed with/without using
				<u></u>
School	Units Completed	Program of S	tudy	Date(s) Attended
School	Units Completed	Program of S	tudy	Date(s) Attended
School	Units Completed	Program of S	tudy	Date(s) Attended
Are you currently enrolled at anoth	ier college?		□ YES	□ NO
Are you currently on active duty in the Armed Forces? \qed YES \qed NO				
If yes, are you seeking tuiti	on assistance?		☐ YES	\square NO
Have you previously used VA education benefits?			YES	\square NO
Veteran's Authorizations for Release of In	formation:			
I authorize the VA to release information o		im to authorized	I EAI and Target Ac	ccess personnel at Contra
Costa College. The use of this information	· ·		_	
maintained by Contra Costa College as part	t of my records for the	ree (3) years.		
Signature:				
For office use only	nitials:	Date:	111/4	NF:
Tor Office use only		Date		VI