



Veterans Certification Request Form

**** MUST BE COMPLETED PRIOR TO EVERY TERM ****

Completion of this form authorizes SUNY Empire State College to provide required information and to certify your enrollment at ESC for the specified semester to the U.S. Department of Veterans Affairs (VA). Fax 518-580-0105, email VCO@esc.edu or mail SUNY Empire State College, Office of the Registrar, Attn: VCO, 111 West Avenue, Saratoga Springs, NY 12866-6069.

Year _____ **Fall** **Spring** **Summer**

Name _____
Last First Middle

Are you a Veteran Dependent/Spouse of Veteran Reserve/National Guard Active Duty Dependent/Spouse of Active Duty

ESC ID _____

It is your responsibility to keep the VA and SUNY ESC informed of changes in your contact information.

Address _____
Street City State Zip

Phone _____ **Email** _____
Daytime

Check the VA Benefit Program you are using or wish to use:

- CH 33** (Post 9/11 GI Bill) **CH 30** (Montgomery GI Bill – Active Duty)
- CH 31** (Disabled/Voc. Rehab.) **CH 35** (Survivors/Dependents Ed. Asst. Prog.)
- CH 1606** (Reserve/Guard) **CH 1607** (REAP – Reserve to duty after 9/11/01)

Is this a change of VA benefit chapter from the previous term? **Yes** **No**

Benefit Status

- Continuing student: Have received benefits at SUNY ESC
- New applicant: Applying for VA benefits for the first time
- Transfer student: Transferring from another institution where you used veterans benefits
If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

What is your program/major? _____ **Are you currently Active Duty?** **Yes** **No**

Have you changed your major and/or program since your last certification request? **Yes** **No**

If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

Do you plan to cross register? **Yes** **No**

STATEMENT OF UNDERSTANDING (Please initial each line.)

1. _____ I will notify the certifying official if I change my major or degree program.
2. _____ I understand that grades “WD” and “ZW” may result in reduced payment from VA.
3. _____ I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate, based on the number of credits and the length of the class.
4. _____ I understand that if I fail to comply with the above, it can result in an over- or underpayment of benefits. The VA will hold me responsible for overpayment of my education benefits.

My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request Form each term of attendance that I wish to receive benefits.

Signature _____ Date _____

**Your signature must be handwritten.*

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|------------|--------------|---------------|---------------|------------|
| Office Use | VAOnce _____ | SGASTDN _____ | INITIAL _____ | DATE _____ |
| Comments | | | | |