

Veteran's Benefit Certification Request



Name _____	Date _____
UC Hastings Student ID# _____	Anticipated Graduation Date _____
VA File Number ____-____-____/____	VA Payee Number _____

Is this the first semester that you are using your VA educational benefit?
Yes No

Will you, or have you waived your UCSHIP health insurance?
Yes, I have or plan on waiving my UCSHIP health insurance
No, I have not and do not plan on waiving my UCSHIP health insurance

I am eligible for Veteran's Benefits under the following Chapter:

- Chapter 30: Montgomery GI Bill – Active Duty
- Chapter 31: Vocational Rehabilitation and Employment (VR&E) Program
- Chapter 32: Veteran's Educational Assistance Program
- Chapter 33: Post 9/11 GI Bill
- Chapter 35: Dependents Educational Assistance
- Chapter 1606: Montgomery GI Bill – Selected Reserve
- Chapter 1607: REAP (Reserve Educational Assistance Program)

Please contact the Records office as soon as you know of any change to your benefit

For GI Bill Benefit Recipients only:
IMPORTANT: Attach a copy of your *Certificate of Eligibility (CoE)* to this certification request form.
If your certificate is not yet available, you must attach one on the following and submit the Certificate when it's available:
Application for VA Education Benefits (VA Form 22-1990) to this certification request
-or-
Request for Change of Program or Place of Training (VA form 22-1995) to this certification request

For Vocational Rehabilitation (VR&E) recipients only:
Attach a copy of your Authorization and Certification of Entrance or Reentrance form to this page. Contact your local VA case manager or VA representative if you do not yet have this form. They may send it to us directly.

Initial: _____ I agree to notify the UC Hastings Records and Financial Aid Offices if I drop below full-time enrollment.

I certify under penalty of perjury that the information on this Veteran's Certification Request form is true and complete to the best of my knowledge. I agree that a facsimile signature on this form is valid for all purposes as an original signature. I agree that I am ultimately responsible for paying the tuition and fee charged to me for attending UC Hastings College of the Law. Should, for any reason, the VA not pay my charges, I agree to pay the balance in full immediately.

Signature: _____ **Date:** _____