Veteran Benefit Authorization Form

You should only complete this form once per term immediately after registering for courses if:

- you are a veteran, active duty military, reservist, national guard, or a dependant of a veteran and
- you are eligible for and plan to use one of the VA education benefits listed below.

STUDENT NAME: __________________________________________ New Student: □yes □no Guest Student: □yes □no
ID or SS#: __________________________________________________ Email ___________________________
Phone #: _______________________ Degree Program: ________________________________

Please check only one term:  □Fall 2012   □Jan Plan 2013   □Spring 2013   □Summer 2013

Please check the VA education benefit program you plan to receive for the indicated term:

- □ Chapter 30 – Regular Active Duty Education Assistance
- □ Chapter 33 – Post 911 Education Assistance
- □ Chapter 31 – Disabled Veterans Vocational Rehabilitation and Employment
- □ Chapter 1606 – Selected Reserve Education Assistance
- □ Chapter 1607 – Reservist Educational Assistance
- □ Chapter 35 – Veterans’ Survivors and Dependents Educational Assistance
- □ VA File Number:________________________________
- □ Other: ________________________________________ (e.g. VRAP, Chapter 32, Selection 903, 901, REPS, etc.)

I certify that all of the information I have provided on this form is accurate to the best of my knowledge, and I understand that it is my responsibility to notify the Finger Lakes Community College Financial Aid Office (by completing a Veteran Change in Enrollment form) of any changes to my course schedule.

I understand that if I choose not to attend this semester, I should follow the proper withdrawal procedure by submitting a completed Withdrawal Form to the Educational Planning and Career Services Office. I also understand that proper withdrawal before the semester start date of (09/04/12) will negate my financial obligation to the college, withdrawal on or after the first day of the semester (09/04/12) will result in a financial obligation.

I authorize Finger Lakes Community College to certify my military education benefits with the Veterans Administration.

Student Signature: __________________________________________ Date: __________________________

New Applicants, Transfer and Guest Students:
In addition to this Veteran Registration Form please provide copies of the following documents:
- □ Copy of the veteran’s DD214
- □ Certificate of Eligibility
- □ Request for Change of Program or Place of Training (VA Form 22-1995) required for transfer students and degree changes
- □ Request for Change of Program or Place of Training Survivors’ & Dependents’ Education Assistance (VA Form 22-5495) required for transfer students and degree changes

If you have any questions you can contact the School Certifying Official at:
Finger Lakes Community College
3325 Marvin Sands Dr.
Canandaigua, NY 14424
(P) 585-785-1276
(F) 585-394-0635

Official Use Only

□CRI   □DADD   □Certification complete

Employee Initial__________________