VA Request for Certification
SAMFORD UNIVERSITY

Print the form, complete it, and send to the Office of Student Records **(800 Lakeshore Drive, Birmingham, AL 35229-7030)**, email to mhjoiner@samford.edu, or fax it to **(205) 726-2908**. **PLEASE TYPE OR PRINT CLEARLY.**

Name: _____
Last First Middle

Banner SUid: _____ **VA File Number:** _____

Mailing Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Class Status: ____ **FR** ____ **SOPH** ____ **JR** ____ **SR** ____ **GRAD**

Major: _____ **Minor:** _____

Has your major changed? _____ (If yes, you must file a 22-1995 or 22-5495 form in the Student Records Office.)

Samford University Email Address: _____

IMPORTANT. Please note amount(s) of any Samford-awarded scholarships: $_____ / term

I am ☐ An Active Duty member of the military or ☐ The dependent/spouse of a retired service member or ☐ The dependent/spouse of an Active Duty service member (Choose one, if applicable.)

VA Benefit:		Please certify me for the following terms/years:
____ Chapter 30	(MGIB – ACTIVE DUTY)	____ Fall 2014
____ Chapter 31	(VOC REHAB)	____ Jan Term 2015
____ Chapter 32	(VEAP)	____ Spring 2015
____ Chapter 33	(Post 9/11 GI BILL) **Percentage?** _____	____ Summer 2015
____ Chapter 35	(SURVIVORS/DEPENDENTS)	____ Fall 2015
____ Chapter 1606	(MGIB – NATIONAL GUARD ____ RESERVES ____)	____ Spring 2016
____ Chapter 1607	(RESERVE EDUCATIONAL ASSISTANCE PROG - REAP)	____ May Term 2016
		____ Fall 2016

STATEMENT OF UNDERSTANDING:

I fully understand that I must report any changes to the VA Certifying Official immediately. I am aware that changes in my enrollment status may alter the payment the VA will award me. I also understand that I will be held liable for any overpayment that I might receive from the VA.

Signature: _____ **Date:** _____

Revised 09/02/14 *Office Use Only: SGASTDN_____ Email_____*