

# Veteran Benefit Authorization Form

If you need assistance completing this form please contact the Veteran's Representative at (585) 343-0055 ext. 6480 or [veterans@genesee.edu](mailto:veterans@genesee.edu)

Please complete this form **each semester** immediately after registering for courses if you are a veteran, active duty military, reservist, National Guard, a dependent of a veteran, and if you are eligible for, and plan to use, one of the VA education benefits listed below.

## Section A: Student Information

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Are you one of the following: New Student: ☐ Yes ☐ No Guest Student: ☐ Yes ☐ No

## Section B: All Students

Please indicate which semester you are attending:

☐ Fall 2021 ☐ Winter 2021 ☐ Spring 2022 ☐ Summer 2022

Please check the VA Education Benefit you plan to receive for the indicated semester:

☐ Chapter 30 (Montgomery GI Bill)

☐ Chapter 33 (Post 9-11 Education Assistance)

☐ Chapter 31 (Disabled Veterans Vocation Rehabilitation and Employment)

☐ Chapter 1606 (Select Reserve Education Assistance)

☐ Chapter 35 (Veterans' Survivors and Dependents Educational Assistance), Chapter 35 VA File Number: \_\_\_\_\_

☐ Other: \_\_\_\_\_ (e.g. Chapter 32, Selection 903, 901, REPS, etc.)

## Section C: Guest, New, and Transfer Students

Please provide copies of the following documents if you are a New Applicant, Transfer and/or Guest Student:

- Copy of veteran's DD214
- Certificate of Eligibility
- Request for Change of Program or Place of Training (VA Form 22-1995) required for transfer and degree changes (veterans)

- Request for Change of Program or place of Training Survivor's & Dependents' Education Assistance (VA Form 22-5495) required for transfer students and degree changes (Chapter 35 recipients)
- Primary School Letter (Guest Students Only)

#### **Section D: Certification and Submit**

I certify that all 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 Genesee Community College Financial Aid Office 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 Student Success Center. I also understand that proper withdrawal before the semester start date will negate my financial obligation to the college. **I understand that if I withdraw on or after the first day of the semester it will result in a financial obligation to the college, the VA, or both.**

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return **both** sides of this form to the Genesee Community College VA Certifying Official:

**Genesee Community College**  
**One College Road**  
**Batavia, NY 14020**  
**Phone: (585) 343-0055 ext. 6480**  
**Fax: (585) 343-6726**  
**Email: veterans@genesee.edu**

#### **Section E: School Certifying Official Only**

School Certifying Official's Section

- ☐ SGASADD \_\_\_\_\_ (Employee Initials)
- ☐ SGASTDN \_\_\_\_\_ (Employee Initials)
- ☐ Certification Complete \_\_\_\_\_ (Employee Initials)