



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

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 2026 Winter 2026 Spring 2027 Summer 2027

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

Chapter 30 (Montgomery GI Bill)

Chapter 33 (Post-9/11 GI Bill®)

Chapter 31 (VR&E - Veteran Readiness and Employment)

Chapter 1606 (Select Reserve Education Assistance)

Chapter 35 (Survivors’ and Dependents’ Educational Assistance -DEA) Veteran’s First and Last name, Veteran’s Social Security Number and the 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)