



# Request for Certification of VA Educational Benefits 2023-2024

Name: \_\_\_\_\_ StudentID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Part I- I receive VA educational benefits under the following program:

Chapter 30 (New GI Bill®; service beginning after June 30, 1980)

\*\*This chapter requires

\_\_\_\_\_



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## Part III – Initials

1. By initialing and signing this form, I am requesting that a certificate be issued to me for the period of my service from 08/01/63 to 07/31/67.

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