



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), 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.)

VA Benefit:	Please certify me for the following terms/years:
____ Chapter 30 (MGIB – ACTIVE DUTY)	____ Summer I 2009
____ Chapter 31 (VOC REHAB)	____ Summer II 2009
____ Chapter 32 (VEAP)	____ Summer 10-Week Term 2009
____ Chapter 33 (Post 9/11 GI BILL)	____ Fall 2009
____ Chapter 35 (SURVIVORS/DEPENDENTS)	____ Spring 2010
____ Chapter 1606 (MGIB – NATIONAL GUARD _____ RESERVES _____)	____ Jan. Term 2010
____ Chapter 1607 (RESERVE EDUCATIONAL ASSISTANCE PROG - REAP)	

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: _____