## SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12			U U U		ransco@sunyacc.edu
Request for Ce Veteran Education benefits are certified on a terr					must submit a Request
form each semester they wish to utilize benefits a	ind submit	t to the Office of	Records and Regi	stration/SCO.	
Benefit Certification Semester Requested: 🗅	Summer	Fall	Winter	Spring	Year:
Student Name:			Ва	nner ID:	
Permanent Address (Street, City, State, and Z	ip):				
Contact Phone (including area code):			-		
<b>Social Security Number:</b> Your Social Security N Banner student account will be used for certification					SUNY Adirondack
Military Status: UVeteran DD	ependent/	/Spouse of a Vet	eran 🗆 🖬	Reserve/National G	uard/Active Duty
Check the VA Benefit Program you are using:					
CH30 (Montgomery GI Bill – Active Duty)		H31 (VOC Reha	b) 🗆 🔾	CH32(Post Vietnam	ı Vet)
🗅 CH33 (Post 9/11 GI Bill)					
CH35 (Widow/Child). If CH35, please provide	the vetera	an's VA file numb	per:		
CH1606 (Reserve/Guard)	□Cŀ	H1607 (REAP)			
Length of Service:					
Have you requested that your official Joint Servic Air Force transcript be sent to the Office of Reco		• • •	•	d Marines) or Comr	nunity College of the
Have you applied for Financial Aid (FAFSA, TAP	, Excelsioı	r, etc)? ❑Yes	🗅 No, but I	plan to 🛛 🗅 N	o, I do not plan to
Is SUNY Adirondack your primary institution?	res ⊒No	o, please provide	your primary insti	ution:	
Veteran Benefit Certification Agreement: I underse eligibility. I will report any registration changes (a official. If I am receiving Chapter 33 (Post 9/11) b need to notify the certifying official of any class of "W" may result in reduced payment from the VA. at a different rate based on the number of credits grade cannot be certified to the VA. Only courses circumstances.)	dd, drop, v enefits an nanges im Classes s and the le	withdrawal, etc.) nd I make change mediately, as the scheduled to mee ength of the class	and address/phor es to my schedule ese changes could t for less than the s. Repeated class	ne or major change , it may affect my h I result in a delay o normal semester to es for which I have	s to the certifying ousing allowance. I f payments. A grade erm dates may be paid received a passing
If I fail to comply with the above, it can result in a my education benefits. I am responsible for enrol information can result in delays. I know I must co to receive benefits.	lment and	parking fees. Th	ne VA will certify c	laims in the order r	eceived. Omitted
Student Signature:				Date:	
Office Use Only:					
COE on file: Yes No Certification S	Semester:	Summer	🗅 Fall 🗅 Winter 🛛	Spring Yea	r:

Number of Credits Certified:	
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Number of Credits Not-Certified and Reason Why: \_\_\_\_\_

Certified in VA Once Date(s):

Notes: