

# VA ENROLLMENT CERTIFICATION REQUEST

The proponent department is the College Veterans Affairs Office

THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

**AUTHORITY:** Northeast Lakeview College Catalog  
**PRINCIPAL PURPOSE:** Request by student to receive certification enrollment for veteran benefits.  
**ROUTINE USES:** Used to evaluate and determine certification for Federal and State veteran benefits.  
**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of certification.



ALAMO  
COLLEGES

NORTHEAST LAKEVIEW COLLEGE

1. STUDENT BANNER ID

2. HOME COLLEGE

NLC NVC PAC SPC SAC

3. DATE OF REQUEST

4. STUDENT NAME (LAST, FIRST, MI)

5. ACES EMAIL

@student.alamo.edu

6. DATE OF BIRTH

7. PRIMARY STREET ADDRESS

8. CITY

9. STATE

10. ZIP

11. PRIMARY PHONE

12. EMERGENCY CONTACT PHONE

13. CHANGE OF ADDRESS?

YES NO

14. SOCIAL SECURITY NUMBER

15. DEGREE

AA AS AAS AAT CERTIFICATE

16. DEGREE/AREA OF STUDY

**\*\* IMPORTANT NOTE\*\* INTERNET DEVELOPMENTAL CLASSES CANNOT BE CERTIFIED FOR VA BENEFITS. \*VA WILL COVER THE COST OF TUITION, BUT NOT THE 3-PEAT FEE FOR ANY CLASSES. \*ALL CHANGES IN ENROLLMENT (ADD/DROP/WITHDRAW) MUST BE REPORTED IMMEDIATELY OR YOU MAY BE LIABLE FOR UNPAID CHARGES.**

17. MILITARY STATUS (PLEASE SELECT ONE)

VETERAN  FAMILY MEMBER-SPOUSE  FAMILY MEMBER-CHILD

18. REQUESTED BENEFIT(S) (PLEASE SELECT ALL THAT APPLY)

CHAPTER 30 MONTGOMERY GI BILL

CHAPTER 31 REHABILITATION

CHAPTER 33 POST 9/11 GI BILL

CHAPTER 35-DEPENDENT CLAIM # \_\_\_\_\_

CHAPTER 1606 RESERVE/NATIONAL GUARD  CHAPTER 1607 REAP

HAZLEWOOD

HAZLEWOOD LEGACY

Notes:

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19. LIST EVERY UNIVERSITY/COLLEGE YOU HAVE ATTENDED AS A STUDENT **(MUST SUBMIT ALL OFFICIAL TRANSCRIPTS)**

20. SEMESTER AND YEAR REQUESTED

FALL       SPRING       SUMMER      YEAR

21. LIST THE COURSE(S) REQUESTED TO BE CERTIFIED FOR VA BENEFITS AND HAZLEWOOD EXEMPTIONS

CREDIT HOURS	COURSE NAME(S) & COURSE NUMBER(S)	PART OF TERM	College
	<b>Total Hours</b>		

I agree the information is correct. I will notify the Office of Veteran Affairs of any changes to my enrollment status so that the VA can be notified in a timely manner. I understand I must be registered in order for the Office of Veteran Affairs to process my certification with the Department of VA. I assume FULL responsibility of reimbursement of funds to Alamo Colleges or the VA should an over-payment occur as a result of this certification. I am responsible for any overpayments made due to my change in enrollment. I agree that the courses listed are required for my current degree program. I acknowledge that my certification may take up to 6 weeks to process.

22. STUDENT SIGNATURE

23. DATE

**FOR OFFICAL VA OFFICE USE ONLY**

24. RECEIVED BY

25. DATE