



## VETERANS AND DEPENDENTS REQUEST FOR CERTIFICATION

THIS DOCUMENT MUST BE COMPLETED AND RETURNED TO YOUR VETERANS BENEFITS CORDINATOR BEFORE YOU CAN BE CERTIFIED AND RECEIVE YOUR VETERANS EDUCATIONAL BENEFITS EACH SEMESTER. SUBMIT THIS FORM AS SOON AS YOU REGISTER FOR CLASSES.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_ Currently active duty?  Yes  No

The Veterans Administration requires that you list all previous college or vocational training that you have completed so that it can be evaluated towards your current degree objective. It is your responsibility to provide academic transcripts for all previous training. Failure to do so may result in suspension of educational benefits by VA. Additionally, it is your responsibility to immediately report changes in your level of attendance to the GBC Veterans Coordinator and VA to prevent overpayments. The VA will only pay for classes applicable towards your degree and will not pay for remedial courses unless tested into them.

### LIST ALL PREVIOUS SCHOOLS ATTENDED

---



---



---

Campus(es) Attending:	Educational Goals:	Chapter of Benefits Applying for:	Term Attending:
<input type="checkbox"/> Battle Mountain  <input type="checkbox"/> Elko  <input type="checkbox"/> Ely  <input type="checkbox"/> Pahrump  <input type="checkbox"/> Winnemucca	<input type="checkbox"/> Associate of Arts Emphasis: _____ <input type="checkbox"/> Bachelor of Arts Emphasis: _____  <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Applied Science Emphasis: _____ <input type="checkbox"/> Bachelor of Applied Science Emphasis: _____  <input type="checkbox"/> Bachelor of Science Nursing <input type="checkbox"/> Associate of General Studies <input type="checkbox"/> Certificate Emphasis: _____	<input type="checkbox"/> Chapter 1606 – Reserve/Guard  <input type="checkbox"/> Chapter 1607 – REAP  <input type="checkbox"/> Chapter 30 – Montgomery  <input type="checkbox"/> Chapter 31 – Voc Rehab  <input type="checkbox"/> Chapter 33 - Post 9-11  <input type="checkbox"/> Chapter 35 – Dependents  *If Chapter 35, SSN of Veteran: _____	<input type="checkbox"/> Fall _____ Year  <input type="checkbox"/> Spring _____ Year  <input type="checkbox"/> Summer _____ Year

DEPT/CLASS	SECTION	COURSE TITLE	CREDITS	CLASS START	CLASS END

I certify that the information submitted on this form is true. I understand that a new Veterans and Dependents Request for Certification must be submitted for each semester as proof of enrollment. I fully understand that failure to do so will result in the termination of my Veterans Educational Benefit Certification. I accept full responsibility and understand that I am legally liable for any overpayment resulting from your negligence and/or failure to provide timely accurate information as required. My signature on this form constitutes my permission to release any or all information about my educational records to the department of Veterans Affairs or their appointed agent for the purpose of obtaining veterans benefits.

↶

Date

Student Signature