



Ohlone Community College District

43600 Mission Boulevard P.O. Box 3909 Fremont, CA 94539-0390 (510) 659-6000 www.ohlone.edu
Office of Veterans Affairs Building One, Window 7 Phone: (510) 659-6199 Fax: (510) 569-7309

VETERAN'S REQUEST FOR CERTIFICATION

IMPORTANT: Return this completed form to the Veteran Affairs Office in Building 1, first floor or fax to 510-659-7309. Answer all questions to ensure that your benefits will not be delayed and to help us determine what forms you need to fill out and what steps you need to take to continue receiving your benefits.

Name: Student ID:

Address: VA file number:

City: Zip Code: Telephone:

Is this your new address? (Answer this question if you are a continuing student at Ohlone College)

- Yes, please note the change of address to the Veterans Administration.
Yes, but I wish to keep the address you are currently using for my benefit payments.
No

Have you previously attended any colleges (including Ohlone College) or universities? Yes No
IF YES, PLEASE LIST ALL OF THEM (send official transcript(s) to the Ohlone College Veterans Affairs Office and they will be forwarded to the student's permanent Admissions and Records file):

1. I am a: (check one):

- Continuing student, and the school has my VA file.
Continuing student, and I have never applied for the benefits.
Transfer student, and I did apply for VA benefits from another school.
Transfer student, and I have never applied for VA benefits.
First Time Student

2. What benefit are you applying for? (check one)

- Dependent (Chapter 35)
New G.I. Bill (Chapter 30)
Vocational Rehab (Chapter 31)
V.E.A.P. (Chapter 32-Contributory)
Reservists (Chapter 1606)
REAP (Chapter 1607)

3. I am requesting benefits for the following term(s):

- Fall, please list the course(s):
Spring, please list the course(s):
Summer, please list the course(s):

4. What is your current major?

Is this a change of major? This is only applicable to continuing VA/Dependent Students.

- Yes
No

Circle type of degree: AA AS BA BS CA CC

STUDENT STATEMENT OF UNDERSTANDING

I am aware that it is my responsibility to keep the Ohlone College Veterans Affairs Office informed of my true academic situation, i.e. change of program, units, withdrawal, etc. I realize that I am liable for repayment of benefits awarded through a claim based on false or misleading statements.

Student Signature:

Date: