



Parent/Guest Institution Letter Request

Students

Legal Name: _____ Student ID# _____
Last First Middle Initial

Email: _____ Major: _____

Please Indicate VA Benefit

Chapter 30 – Montgomery GI Bill

Chapter 31 – Vocational Rehabilitation

Chapter 33 – Post 9/11 GI Bill (Veteran)

Chapter 33T – Post 9/11 GI Bill Transfer

Chapter 35 – Survivors and Dependents Educational Assistance

Chapter 1606 MGIB Select Reserve

Institution: _____ Address: _____

Institution VA Official: _____ Email: _____

Class Name: _____

Class Name: _____

Course ID: _____

Course ID: _____

Start Date: _____

Start Date: _____

End Date: _____

End Date: _____

I authorize the HC VA Certifying Official to contact the individual identified above to coordinate the expenditure of my VA Education Benefit(s) to pursue the outlined classes. I understand that failure to notify both the HC VA Certifying Official as well as the individual above regarding any and all changes made after completion and submission of the requested parent letter may result in a payment refund owed to the VA. I understand that this document does not guarantee acceptance to HC, the requested classes, and that classes may not fully transfer in to my current degree. I have communicated my intentions to the HC Veteran Advisor, and accept responsibility for this request. I understand that I am responsible for ensuring grades and transcripts are sent to HC for processing upon completion of lettered-grade classes.

Student Signature: _____ Date: _____