



Veteran Student Information Using Chapter 35 Dependents Education Assistance Program

Students

Legal Name: _____ SID# _____
Last First Middle Initial

I will be using VA Education Benefits while attending Howard College. I understand and agree to the following:
(Read and initial each each)

_____ I understand that I cannot be certified for enrollment until a "Certificate of Eligibility" letter is received from the VA and submitted to the Certifying School Official. Until that time, my file will remain in "pending" and no payments will be received from the VA until this letter is on file at HC.

Certification

By signing and dating this document, I acknowledge that the Veterans Education Benefits Coordinator and/or School Certifying Official at Howard College has the right to disclose information related to my veterans education benefits or any other information to the party or class of parties I have designated.

Student Signature: _____ Date: _____

Printed Name: _____ SSN: _____

HC Veteran Advisor Signature: _____ Date: _____