

**Parent School Letter Request
FOR VA EDUCATION BENEFITS**

1. STUDENT INFORMATION

Student Last Name:	Student First Name:
Student ID #:	Last Four Digits of Student SSN:
Quarter:	Academic Year:

2. VETERAN BENEFIT INFORMATION

Please indicate your VA Educational Benefits program:

<input type="checkbox"/> Chapter 33 – Post 9/11 GI Bill®	<input type="checkbox"/> Chapter 31 – Vocational Rehabilitation
<input type="checkbox"/> Chapter 30 – Montgomery GI Bill®	<input type="checkbox"/> Chapter 35 – Dependents Educational Assistance
<input type="checkbox"/> Chapter 1606 – Montgomery GI Bill® Selected Reserves	<input type="checkbox"/> Claim# (If using Chapter 35):

3. DEGREE/CERTIFICATE PROGRAM

<input type="checkbox"/> Certificate Program	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> BA	<input type="checkbox"/> MS	<input type="checkbox"/> JD
<input type="checkbox"/> BS	<input type="checkbox"/> PhD	<input type="checkbox"/> Other: _____

Please indicate major: _____ *If you have not yet declared major, indicate intended major.

4. ACADEMIC SCHEDULE

Quarter/Academic Year:	Course name and number:	Credits:	Name of Secondary School:

5. ADVISER SIGNATURE

I verify that all courses marked above are required for the degree program either as core requirement(s) or as elective(s) not previously filled by prior courses or transfer credits, and will transfer at full value to University of Washington (Parent School).

Adviser Name: _____ Email: _____

Adviser Signature: _____ Date: _____

6. STUDENT CERTIFICATION AND SIGNATURE

I understand it is my responsibility to inform the Veterans Education Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the Veterans Education Benefits staff to release information from my student record to the Department of Veterans Affairs.

Student Name: _____

Student Signature: _____ Date: _____