



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: Academic Quarter: Academic Year:

2. VETERAN BENEFIT INFORMATION

Please indicate your VA Education Benefits program:

- Chapter 33 - Post 9/11 GI Bill
Chapter 30 - Montgomery GI Bill
Chapter 1606 - Montgomery GI Bill Selected Reserves
Chapter 31 - Vocational Rehabilitation
Chapter 35 Dependents Educational Assistance: Claim#:

3. DEGREE/CERTIFICATE PROGRAM

Please indicate your degree or certificate program:

- Certificate Program MA MD
BA MS JD
BS PhD Other:

Please indicate your major\* in your degree or the name of your program:

\*(if you have not yet declared a major, indicate your intended major)

4. ACADEMIC SCHEDULE

Please indicate the information for the courses you will be enrolled in at your secondary school:

Table with 4 columns: Quarter/Academic Year, Course name and number, Credits, Name of Secondary School. Includes 5 rows of input lines.

## 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 the University of Washington (Parent School). I verify that the information I provided on this form is true and complete to the best of my knowledge.

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: \_\_\_\_\_