



2020-2021 REQUEST FOR VA CERTIFICATION

Submit to Registrar's Office, Palmer Hall, Station 6040, Montevallo, AL 35115, registrar@montevallo.edu, (205) 665-6040, Fax: (205) 665-6042

Name _____
 UMID _____ VA File Number _____
 Mailing Address _____
 City, State, Zip _____
 Phone/Mobile _____
 Email _____
 Classification FR SOPH JR SR GRAD
 Program/Major(s) _____
 Concentration(S) _____ Minor(s) _____

Select the semesters for which you want to use benefits this academic year

Fall 2020 Spring 2021 Summer 2021

Select all roles that apply to you this academic year

<input type="checkbox"/> Veteran , Branch: _____	<input type="checkbox"/> Spouse , Branch: _____	<input type="checkbox"/> Dependent , Branch: _____
<input type="checkbox"/> Disabled Veteran , Branch: _____	<input type="checkbox"/> of Active Duty/Currently	<input type="checkbox"/> of Active Duty/Currently
<input type="checkbox"/> Currently Serving , Branch: _____	Serving	Serving
<input type="checkbox"/> Active Duty	<input type="checkbox"/> of a Veteran	<input type="checkbox"/> of a Veteran
<input type="checkbox"/> National Guard	<input type="checkbox"/> of a Disabled Veteran	<input type="checkbox"/> of a Disabled Veteran
<input type="checkbox"/> Reserve		
<input type="checkbox"/> ROTC		

Select all the benefits you will use this year

<input type="checkbox"/> Alabama GI Dependent Scholarship	<input type="checkbox"/> CH 1606, Selected Reserve, MGIB-SR
<input type="checkbox"/> CH 30, Montgomery GI (MGIB-AD)	<input type="checkbox"/> Fry Scholarship
<input type="checkbox"/> CH 31, VocRehab (VR&E)	<input type="checkbox"/> Tuition Assistance (TA)
<input type="checkbox"/> CH 33, POST 9/11 GI BILL	<input type="checkbox"/> Alabama National Guard Education Assistance
<input type="checkbox"/> CH 33, Post 9/11/YELLOW RIBBON	Program (ANGEAP)
<input type="checkbox"/> CH 35, DEA	<input type="checkbox"/> Other: _____

Student Statement of Understanding

- The information above will be shared with the VA Educational Benefits division.
- My enrollment certifications and amendments will be sent electronically through VA Once.
- I must report all changes to my schedule or my major to the School Certifying Official.
- All changes to my enrollment may alter the benefits received from the VA.
- I am liable for any overpayment that I might receive from the VA or UM.
- I am responsible for any resulting balance on my student account from VA adjustments.

STUDENT SIGNATURE _____ DATE _____