



UREG (Office of the University Registrar)

P.O. Box 400203

Charlottesville, VA 22904-4203

Fax: 434-924-4156

Veterans Educational Benefits Request Form

Please complete, mail or fax this form to the University Registrars Office.

Student Information

Student ID (SSN or UID): _____ VA File Number: _____ Payee #: _____

Name: _____ / _____
Last First Middle Maiden/Previous

Address: _____
Street

_____ City State Zip Code

Daytime Phone: _____ UVA Email address: _____

I authorize The University of Virginia to release and discuss any academic information with the Department of Veterans Affairs.

Signature: _____ Date: _____

Chapter

- Chapter 30 (Active Duty)
- Chapter 35 (Dependent/Spouse)
- Chapter 1606 (Selective Reserves)
- Chapter 1607 (REAP)
- Chapter 33 (Post 9/11) Yellow Ribbon (Eligible Programs Only)
- Other _____

Degree Information

- Bachelors Masters
- Doctoral Certificate

_____ Degree or Certificate Program

_____ Major

Request for Benefits

Please, Select Only One Semester

Academic Year: _____

- Fall J-Term Spring Summer

Number of Credits: _____

Office Use Only

Certificate of Eligibility: Yes No

Date of Certification: _____

Student Notification: _____

Initials: _____