

SUNY POTSDAM
CERTIFICATION REQUEST FORM

****MUST BE COMPLETED PRIOR TO EVERY SEMESTER****

Completion of this form authorizes SUNY Potsdam to provide required information and to certify your enrollment at Potsdam for the specified semester to the U.S. Department of Veterans Affairs (VA). Fax: 315-267-3268 or Mail: SUNY Potsdam Student Success Center, Potsdam, NY 13676.

Term Year: _____ Fall _____ Winterim _____ Spring _____ Summer

Name:

_____ Last _____ First _____ Middle

Are you a: _____ Veteran _____ Dependent/Spouse of Veteran _____ Reserve/National Guard

SSN of student: _____ Potsdam ID: _____

VA Dependent Code #: _____ (SSN OF VETERAN - ONLY CHAPTER 35)

It is your responsibility to keep VA and SUNY Potsdam informed of changes in your contact information.

Address:

_____ Street _____ City _____ State _____ Zip

Phone:

_____ Daytime

Email:

Check the VA Benefit Program you are using or wish to use:

_____ CH 33 (Post 9/11 GI Bill) _____ CH 30 (Montgomery GI Bill - Active Duty)

_____ CH 31 (Disabled/Voc Rehab) _____ CH 35 (Survivors/Dependents Ed Asst Prog)

_____ CH 1606 (Reserve/Guard) _____ CH 1607 (REAP - Reserve to duty after 9/11/01)

Is this a change of VA benefit chapter from the previous semester? Y or N

Benefit Status:

Continuing Student: Have received benefits at SUNY Potsdam

New Applicant: Applying for VA benefits for the first time

Transfer student: Transferring from another institution where you used veterans benefits

Type of Program/Training: _____ Undergraduate _____ Graduate

What is your major? _____ Are you currently Active Duty? Y or N

Have you changed your major and/or program since your last certification request? _____

If yes, VA Form 22-1995 or 22-5495 (CH 35) must accompany this form.

STATEMENT OF UNDERSTANDING (Please initial each line.)

1. I will report any registration changes (add, drop, S/U, withdrawal, etc.) to the certifying official. _____
 2. I will notify the certifying official if I stop attending class(s). _____
 3. I will notify the certifying official if I change my major or degree program. _____
 4. I understand that grades "W" and "U" may result in reduced payment from VA. _____
 5. I understand that classes scheduled to meet for less than the normal semester term dates may be paid at a different rate based on the number of credits and the length of the class. _____
 6. I understand that repeated classes for which I have received a grade cannot be used for my certification. _____
 7. I understand that if I fail to comply with the above, it can result in an over or underpayment of benefits. VA will hold me responsible for overpayment of my education benefits. _____
 8. I would like to share my SUNY Potsdam e-mail with Operation Military Support (Potsdam Student Group) Yes No
- My signature below indicates that I understand the above guidelines and that I must complete a new Veterans Certification Request form each semester of attendance that I wish to receive benefits.**

Signature: _____

Date: _____

Office Use: VAOnce _____ SGASTDN _____ INITIAL _____ DATE _____

Comments: _____