

Lon Morris College Veteran's Certification Request Form

Instructions: This form must be submitted for **each semester** you wish to receive VA benefits. After you have registered for classes, please complete, sign and return this form to the Financial Aid Office before the 12th class day.

Name:	LMC ID #:
Home Phone:	Cell:
Email Address:	

TERM: _____ YEAR: _____

Is this the first time you are using your VA benefits at LMC? Yes _____ No _____

Have you used your VA benefits at any other school? Yes _____ No _____

Check VA Education Benefits program:

_____ Chapter 33 Post 9/11 GI Bill*

*IMPORTANT: Have you submitted your Certificate of Eligibility? Yes _____ No _____

If no, please submit as soon as possible to protect your schedule from cancellation for non-payment.

_____ Chapter 30 Montgomery GI Bill

_____ Chapter 35 Survivors and Dependents

_____ Other _____

The completion of this form authorizes the Veteran's School Certifying Official to certify my enrollment and provide academic record information to the Department of Veterans Affairs. I understand that I must complete this form each semester to receive benefits.

It is my responsibility to notify the Veterans School Certifying Official if I add or drop any courses, withdraw from the College, change my major, or have any other changes in my enrollment status or registration. I may do this in person or through my student email to: financialaid@lonmorris.edu.

Signature: _____

Date: _____