

**VETS BENEFITS FORM****Student Complete:**

Name _____	SSN _____
End of Service Date _____	VA File Number _____
Date of Birth _____	CSU Residency Status (state) _____
Have you used Veterans Education Benefits before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date last used _____	
Where? _____	
Are you interested in VA Work-Study? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you served after 9/11? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of benefit you are expecting:	Chapter 30 (MGIB) <input type="checkbox"/> Chapter 31 (Voc Rehab) <input type="checkbox"/>
Chapter 1606 (Reservists) <input type="checkbox"/>	Chapter 35 (Dependents) <input type="checkbox"/> Chapter 1607 (REAP) <input type="checkbox"/>
Chapter 33 (POST 9/11) <input type="checkbox"/>	Benefit Tier Percentage _____ Fry Scholarship <input type="checkbox"/>
POST 9/11 (Transfer) <input type="checkbox"/>	

CAL VET FEE WAIVER

DEPENDENTS: Please fill out this section if your parent or step parent is a veteran with a Dept of Veterans Affairs disability rating.

Veteran's Full Name _____	
VA File Number _____	Suffix W/10, A/41, B/42 or C/43 _____
Veterans Disability Rating Percentage (required)	<input type="text"/>

Authorization for inter-office use of information: I hereby authorize the release of information concerning my veterans' benefits and enrollment status to all Humboldt State university (HSU) staff and the US and state Department of Veterans' Affairs. I authorize Veterans Enrollment and Transition Services (VETS) personnel to act on my behalf and to exchange information with the VA and with other Veterans' Affairs offices as required to insure correct benefit payments. I agree that a photocopy of this release shall be as valid as this original. I acknowledge that all veterans must submit a copy of their member 4 DD214 and a military registry transcript. Furthermore, I authorize VETS to request my military transcript directly from the Joint Services Transcript Web site.

FERPA link: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Student's Signature _____	Date _____
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For Office Use Only

HSU Student ID#