Veterans Certification Request Form

To be completed your first time requesting certification for veterans benefits at the University of Chicago

Last Name ___________________________________ First Name ___________________________ Middle _______________________

UCID __________________ Year of Study ________________ VA File # (for dependents only) __________________________

School/Division __________________________ Major/Degree __________________________________________

Mailing Address ___________________________________________ Apt. ____________

City __________________________________________ State ____________ Zip Code __________________________

Phone Number __________________________ Email Address __________________________________________

Are you a: ☐ Veteran ☐ Spouse of Veteran ☐ Dependent of Veteran

Military Branch: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

Under which chapter are you requesting to be certified?

☐ Chapter 30: Montgomery GI Bill® (MGIB) ☐ Are you currently on Active Duty? _________

☐ Chapter 31: Vocational Rehabilitation and Employment

☐ Chapter 33: Post 9/11 GI Bill® ☐ Are you currently on Active Duty? _________

☐ Chapter 35: Survivors and Dependents Educational Assistance

☐ Chapter 1606: Selected Reserve

☐ Chapter 1607: Reserve Educational Assistance Program (REAP)

This form, along with your certificate of eligibility and a copy of your DD 214 (if not on Active Duty), should be returned to the Registrar's Office. If you are applying for the Yellow Ribbon Program, please include the Yellow Ribbon Application which can be found at https://registrar.uchicago.edu/records/veterans-resources/educational-benefits/

Please return all documents to:
Veteran's Services
Office of the University Registrar
1427 East 60th Street
Chicago, IL 60637
Fax: 773.702.3562

I understand that:

- By signing this form, I authorize the University of Chicago to certify my enrollment and provide academic record information to the Department of Veterans Affairs to ensure the receipt of Educational Training Benefits.

- Quarterly certifications will be reported based on the number of units in which I am enrolled.

- Any changes in my registration status or enrollment (e.g. add, drop, withdrawal) may affect the VA benefit amount I receive.

- I should contact the Department of Veterans Affairs at 1-888-442-4551 or www.gibill.va.gov with questions regarding benefits eligibility.

Signature __________________________ Date ________________

“GI Bill®” is a registered trademark of the U.S. Department of Veterans Affairs (VA)

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