

UPJ VA AUTHORIZATION FORM

Pitt Johnstown, Registrar's Office, 279 Blackington Hall
450 Schoolhouse Road, Johnstown, PA 15904
814.269.7055 (PH), 814.269.7068 (FAX), upireg@pitt.edu

Name _____ Student ID# _____

Address - **include city, state & zip code**

Last 4 digits of SS # _____ Phone # _____ PITT e-mail _____

I am a (circle) New Transfer Returning student

Term (circle) Fall Spring Summer Year _____ # of credits _____

Degree & Major _____

VA Educational Benefit information

I am the (circle) Veteran Dependent and will be using the following benefit (check):

- ___ Chapter 33 Post 9/11, need COE/TOE letter & DD214 (Member 4 page) Entitlement % _____
- ___ Chapter 30 Montgomery GI Bill®, Active Duty
- ___ Chapter 31 Vocational Rehabilitation - authorization invoice from case worker is required.
Case worker name/contact _____
- ___ Chapter 35 Survivors & Dependents Asst. VA claim/file # _____ (required)
- ___ Chapter 1606 Montgomery GI Bill®, Selected Reserves

Do you expect to receive any money (other than the above) for tuition and/or fees (TA, EAP, kickers, other)?
(Circle) Yes No Please specify _____

Documentation required for all above chapters - Certificate/Transfer of Eligibility letters from the VA, tuition assistance, EAP, kickers, DD214 and NOBE forms. Submit documents to the VA official, Registrar's office.

By signing below, I certify I have read and agree to the following:

I understand it is my responsibility to submit this form to the VA official in the Registrar's office each term I want to use VA benefits. Certification to the VA cannot be sent until this form is submitted.

I understand it is my responsibility to report ANY class schedule changes (adds, drops, class or term withdrawal) to the VA official in the Registrar's office when they occur. I understand these changes may impact my VA benefits, meaning the changes could create a debt with the VA or Pitt Johnstown, and I am responsible for any debt that occurs as a result.

I, the student, certify all information on this form is true and accurate to the best of my knowledge.

Signature _____ Date _____