



VA Certification Request Form

Office of the Registrar

379 Belmont Road, Laconia, NH 03246

Phone: (603) 524-3207 Fax: (603) 524-8084

Email: lccregistrar@ccsnh.edu

Student Name: _____ Student ID: _____

Address: _____

Phone: _____ Email Address: _____

Major: _____

SPECIFY CHAPTER FOR CERTIFICATION:

() Chapter 33 - Post 911/GI Bill (prior active duty after 9/11/01)

() Chapter 30 - Montgomery GI Bill (prior active duty)

() Chapter 1606 - Montgomery GI Bill (Reserves/National Guard) Chapter 1606 and Tuition Assistance cannot be used at the same time.

() Chapter 31 – Vocational Rehabilitation

() Chapter 35 – Survivors' and Dependents' Educational Assistance Program (DEA)

- I acknowledge that I have met with my faculty advisor and I am registered for only courses that are required for my program.
- I understand LRCC policy on satisfactory progress and LRCC procedures for adding, dropping and withdrawal from school. I agree that it is my responsibility to comply with these policies and procedures.
- I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with LRCC policies and procedures, or VA regulations, and agree to refund such overpayment promptly to the VA or LRCC.
- I will notify the Registrar's Office if I do not wish to be certified for a semester.
- **I agree that if I withdraw from my classes or leave LRCC, for any reason, I will notify IN WRITING OR EMAIL the LRCC Certifying Official in the Registrar's Office. (this includes graduation)**
- **I agree to promptly notify IN WRITING OR EMAIL the LRCC Certifying Official of ANY and ALL changes which occur in the information furnished in this form.**

I authorize the information furnished on this form to be released to the VA, National Guard, or funding agency. I authorize LRCC to submit to the VA, any changes that may occur which affect my benefit payments and to share academic information as requested by the VA on my behalf. I further agree that LRCC may share my information with the VA, National Guard, or funding agency to include: Social Security number, address, grades, academic information and rate of academic progress. I understand if I do not want to be certified, I must notify the Registrar's Office. By signing this document, I have read, understand, and agree to the terms.

Signature: _____ Date: _____