



- Fall 20 _____
- Spring 20 _____
- Summer 20 _____
- J-Term 20 _____

Veterans Fact Sheet

Last Name _____ First Name _____ M.I. _____

VA File Number _____ Fredonia I.D. _____

VA Educational Entitlement (Circle One) **33** 30 31 1606 1607 35 33TEB MYCAA Tuition Assistance

What is your mailing address? _____
 Street Apt # _____ City/State Zip _____

What is your phone number? _____ What is your email address? _____

Major? _____ (Circle One) Undergraduate Graduate Certification

I will be taking: Fall _____ credit hours Spring _____ credit hours Summer or J-Term _____ credit hours

Last College Attended _____ Last Semester Attended _____

Did you collect VA Educational Benefits at that institution? (Circle One) Yes No If yes, please submit form VA 22-1995

STATEMENT OF UNDERSTANDING FOR RECEIPT OF VETERANS EDUCATIONAL BENEFITS

As a Veteran, a Veteran's spouse or dependent receiving educational assistance from the Veterans Administration, I understand that I am required to **COMPLETE and SUBMIT a SUNY Fredonia Veterans Fact Sheet** at least 10 business days before each semester in order to receive VA educational entitlements **AND** during the semester if any of the following enrollment changes occur:

- I am required to notify in writing the SUNY Fredonia's Veteran Affairs Office within 10 business days if I change my credit hours (add or drop classes) _____ (student's initial)
- I am required to notify in writing the SUNY Fredonia's Veteran Affairs Office if I am repeating a course that I have already earned a letter grade for _____ (student's initial)
- I am required to notify in writing the SUNY Fredonia's Veteran Affairs Office within 10 business days if I stop attending class _____ (student's initial)
- I am required to notify in writing the SUNY Fredonia's Veteran Affairs Office within 10 business days if I change my major _____ (student's initial)
- I am required to notify in writing the SUNY Fredonia's Veteran Affairs Office within 10 business days if my mailing address, phone number, or email address changes _____ (student's initial)
- I am responsible for all debts that I incur and must be repaid to the Department of Veterans Affairs. _____ (student's initial)

I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE ABOVE REQUIREMENTS IT CAN RESULT IN AN OVERPAYMENT, AND/OR UNDERPAYMENT, AND/OR NONPAYMENT OF BENEFITS. Please note that this form can be downloaded from (<http://www.fredonia.edu/veteransaffairs>) and faxed to us at (716) 673-3310. In order for Chapter 30, 1606 and 1607 payments to be released, you must also verify attendance with the VA starting the last day of the month. You will need to either call the IVR (interactive voice response) system or access the WAVE (web automated verification of enrollment). **Access is available 24/7 at: IVR 1-877-823-2378 or WAVE <http://www.gibill.va.gov>**

I hereby certify that I have read, initialed, and fully understand the requirements outlined above.

Signature _____

Date _____

PLEASE KEEP A COPY FOR YOUR RECORDS The State University of New York at Fredonia, Veterans Affairs Office, Nixon Hall Room 151, 280 Central Ave, Fredonia, New York 14063 **PHONE (716) 673-3423 • FAX (716) 673-3310 • EMAIL veteran.affairs@fredonia.edu • <http://www.fredonia.edu/veteransaffairs> (Rev. 050710)**

Please remember that this form is for YOUR protection, so it is important that you provide timely and accurate information regarding your enrollment status.