



STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar

P.O. Box 13050, SFA Station • Nacogdoches, Texas 75962

Phone: (936) 468-3909 • Fax: (936) 468-2261 • Email: VAservices@sfasu.edu

VA Certification Request Form

Office Use Only

Received	Certified

Year: _____ Term: _____

Campus ID#: _____ VA Benefit Chapter: _____ Months of Eligibility Remaining _____

Last Name: _____ First Name: _____ M.I.: _____

1. Is this your first semester using VA benefits at SFA? Yes No

If yes, you must supply the Veteran File Number (generally veteran's SSN): _____

2. Has any of your contact information changed since your last certification? Yes No

If yes OR if this is your first semester, please complete your updated information below:

Current/Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

3. Have you changed your program of study since your last certification? Yes No

If yes OR if this is your first semester, please complete the following:

Degree Type (B.A., M.A., etc): _____ Major: _____

Minor (if applicable): _____ Concentration (if applicable): _____

This form MUST be completed for each term the student intends to use VA education benefits. Students utilizing VA benefits must register for classes promptly and any forms that are submitted without registration completed are liable to be rescinded due to registration inactivity. All VA beneficiaries are responsible for understanding their benefits and how their registration can affect their entitlements. Incomplete or illegible forms will not be considered and will be returned to the students for correction. SFA is not responsible for any incomplete, partial, or failed fax transmissions or emails.

By signing below, I am confirming the following:

- 1) I am eligible to receive VA educational benefits and request courses applicable to my degree to be certified. I have confirmed my remaining eligibility with the VA and am responsible for any charges not covered under this eligibility period.
- 2) I will notify the SFASU School Certifying Official(s) of any changes to my schedule, enrollment, address, major, or status as soon as possible following the change. Failure to report these changes may result in delayed benefit payments or required repayment to SFA or the VA.
- 3) I assume full responsibility for reimbursement of funds to SFA or the VA should an overpayment occur as a result of this certification. I understand my registration decisions can affect my monthly entitlements.
- 4) I understand certification requests submitted within two weeks of the start of the term will delay payment from the VA for educational benefits.

Signature (required): _____ Date: _____

(Typing your name above constitutes your agreement to the terms stated on this form)

RETURN FORM TO SCHOOL CERTIFYING OFFICIAL IN REGISTRAR'S OFFICE