

**2009-2010
Veteran's Benefits Verification Form**

Student ID Number: _____ Email: _____

Student's Full Legal Name: _____ , _____
(Please print clearly) last first middle

The information you provide will be used to update or correct the information provided on the FAFSA form. If there are differences, our office will submit corrections to your FAFSA electronically.

If you receive veteran's education benefits, for how many months from **July 1, 2009** through **June 30, 2010**, will you receive these benefits, and what amount will you receive per month? Please do not include your spouse's veteran's education benefits.

Enrollment Guide:

Fall 2009 only = 4 months Fall/spring = 8 months Spring 2010 only = 4 months

- Please check here if you plan to be enrolled and receive benefits for summer term(s) 2010.
- I certify that I **am or will be** receiving **Veteran's Benefits** for the **2009-2010** academic year.
I am/will be receiving \$_____ per month for _____ months.
- I certify that I **am not receiving** nor **will** receive any type of **Veteran's Benefits** for the **2009-2010** academic year.

If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both. By signing this information request, I certify that all information is complete and correct.

Student's Signature _____ **Date** _____