



Request for Certification of VA Educational Benefits

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Part I - I receive VA educational benefits under the following program:

Chapter 30 (New GI Bill®; service beginning after June 30, 1985)

**This chapter requires monthly reporting of verification through the VA using W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

Chapter 31 (Vocational Rehabilitation for Service-Disabled Veterans)

Name and Email of Counselor: _____

Chapter 33 (Post 9/11 GI Bill®; service after September 11, 2001)

** This chapter requires monthly reporting through the VA using text or email. If you have questions about this monthly reporting call the VA at the Education Call Center: 844-4551.

Chapter 35 (Dependents Educational Assistance Program)

- o First Request – Veteran's/Sponsor's SSN _____ - _____ - _____
- o Payee number: ____ If you don't know your payee number, you can leave this blank.

Chapter 1606

**This chapter requires monthly reporting of verification through the VA using W. A.V. E. <https://www.gibill.va.gov/wave/index.do> or call 1-877-823-2378

Part II – complete



Request for Certification of VA Educational Benefits 2024-2025

Part III – Initials
