**Fall 2009- Spring 2010**

The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

**Veterans Affairs Office**

_____ _____ _____
Last Name First Name Social Security Number

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

What is your phone number? _____

What is your email address? _____

What are you majoring in? _____ ☐ Undergraduate ☐ Graduate

I will be taking: Fall _____ credit hours Spring _____credit hours (expected enrollment)

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:

- I am required to notify SUNY Brockport's Veterans Affairs Office within 10 business days if my mailing address, phone number, or email address changes _____ (**initial**)
- I am required to notify SUNY Brockport's Veterans Affairs Office within 10 business days if I change my credit hours (add or drop classes) _____ (**initial**)
- I am required to notify SUNY Brockport's Veterans Affairs Office if I am repeating a course that I have already earned a letter grade for _____ (**initial**)
- I am required to notify SUNY Brockport's Veterans Affairs Office within 10 business days if I stop attending class _____ (**initial**)
- I am required to notify SUNY Brockport's Veterans Affairs Office within 10 business days if I change my major _____ (**initial**)

**I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE ABOVE REQUIREMENTS IT CAN RESULT IN AN OVERPAYMENT OR UNDERPAYMENT OF BENEFITS.** Any overpayment becomes a debt incurred by me and must be repaid to the Department of Veterans Affairs in full before any future benefits are paid**.** _____ (**initial**)

In order for Chapter 30 and 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. Incomplete paperwork will be returned. This form needs to be completed each academic year.

_____ _____
Signature Date

****PLEASE KEEP A COPY FOR YOUR RECORDS****

**Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.**
T13 (2/7/2008) DW

**The College at Brockport State University of New York 350 New Campus Drive Brockport, New York 14420-2937**
PHONE (585) 395-2315 • FAX (585) 395-5445 • EMAIL veterans@brockport.edu • http://www.brockport.edu/finaid