VETERAN CERTIFYING OFFICIAL



Telephone (541) 383-7264 FAX (541) 383-7506 E-mail vetsed@cocc.edu

REQUEST FOR CERTIFICATION: CHAPTER 35

| NAME | | SS <u>#</u> | |
|---|--|----------------|----------------|
| ADDRESS | CITY | STATE | ZIP |
| PHONE | | | |
| VETERAN SS# | _ Relationship to Veteran: | Spouse | Dependent |
| COCC Degree Program | | _ | |
| | | | |
| | | | |
| Official transcripts from all previo you may enroll in for educational term to avoid interruption in VA | benefits. Transcripts must be | | |
| LIS | T BELOW ALL SCHOOLS PREVI | OUSLY ATTENDED | |
| | | | |
| | | | |
| | | | |
| Students using VA educational be Oregon Community College. Studenth each term. | | | |
| I have read the above inform good standing a | ation and understand my r nd maintain my certificatio | | |
| Signature below authorizes COCC's So the Department of Veterans' Affairs a | | | |
| Signature | | | Date Submitted |