

UPJ VA AUTHORIZATION FORM (formerly Statistical Data Sheet)

University of Pittsburgh at Johnstown
Registrar's Office, 279 Blackington Hall
450 Schoolhouse Road, Johnstown, PA 15904
814.269.7055 (PH), 814.269.7068 (FAX), upjreg@pitt.edu

Name _____ Student ID# _____

Address - include city, state & zip code _____

Last 4 digits of SS # _____ Phone # _____ PITT e-mail _____

I am a (circle) New Transfer Returning student

Term (circle) Fall Spring Summer Year _____ # of credits _____

Degree & Major _____

VA Educational Benefit information

I am the (circle) Veteran Dependent and will be using the following benefit (check):

- ___ Chapter 33 Post 9/11, need COE/TOE letter & DD214, Member 4 page, Entitlement % _____
- ___ Chapter 30 Montgomery GI Bill, Active Duty
- ___ Chapter 31 Vocational Rehabilitation, VA Form 28-1905 sent from case worker to school, required,
Case worker name/contact _____
- ___ Chapter 35 Survivors & Dependents Asst. VA claim/file # _____ (required)
- ___ Chapter 1606 Montgomery GI Bill, Selected Reserves

Do you expect to receive any money (other than the above) to pay for tuition and fees (TA, EAP, kickers, other)? (Circle) Yes No Please specify _____

Documentation is required for all above chapters - Certificate/Transfer of Eligibility letters from the VA, tuition assistance, EAP, kickers, DD214 and NOBE forms. Submit documents to the VA official, Registrar's office.

By signing below, I certify I have read and agree to the following:

I understand it is my responsibility to submit this form to the VA official in the Registrar's office each term I want to use VA benefits. Certification to the VA cannot be sent until this form is submitted.

I understand it is my responsibility to report ANY class schedule changes (adds, drops, class or term withdrawal) to the VA official in the Registrar's office when they occur. I understand these changes may impact my VA benefits, meaning the changes could create a debt with the VA or Pitt Johnstown, and I am responsible for any debt that occurs.

I, the student, certify all information on this form is true and accurate to the best of my knowledge.

Signature _____ Date _____