

VA Educational Benefits Certification Information

Name:					
First		Middle		Last	
Street Address:					
City, State, Zip:					
Phone Cell:		Work/0	Other:		
Creighton NetID:		_ SSN: _			
Creighton College or	School:				
□ College of Arts & So □ College of Nursing □ School of Medicine		Business	☐ School of D		ons
Please specify the deg	ree or certificate you are purs	suing (ex.	BA, BSBA, BS	N)	
Will you be using Creig	ghton's student health insuran	nce? □ Y	es □ No		
VA Program of Eligib	ility:				
□ CH 1607 (REAP) □ CH 33 (Post 9/11 G	☐ CH 31 (VOC REHAB) ☐ CH 35 (DEA) File N I Bill) Yellow S in the Yellow Ribbon Program for Unit	Number w Ribbon	– 100% Eligibl	e? □ Yes □ No	•
Have you received Vet	teran's education benefits at a	another co	ollege or univer	sity? □ Yes □ No	
If yes, where?					
Military Information:					
☐ Active Duty ☐ \	Veteran ☐ Reserve/Guar	d □	Military Spouse	☐ Dependent	
Are you using Military	(Active Duty, Reserve, Guard) Tuition /	Assistance or T	op-Up? ☐ Yes ☐ No	

Certification Authorization:

I request enrollment certification for use of Veterans Education Benefits. It is my responsibility to apply for eligibility with the VA and be aware of my eligibility and benefits, and will notify the Office of Military and Veterans Affairs of any changes to my eligibility status.



I will immediately report any changes to my class schedule made after of my initial registration for each semester/term to the Office of Military and Veterans Affairs. I understand that reducing my credit hours after my enrollment has been certified to the VA may result in an overpayment. If so, I will be held responsible for paying any outstanding debt to the VA and/or to Creighton University.

If for any reason someone other than me contacts the Office of Military and Veterans Affairs regarding my VA enrollment certification, I must authorize the individual access to my educational records via my NEST account before any information is able to be shared. This action is required by law as student records are protected by the federal Family Educational Rights and Privacy Act (FERPA) which affords students certain rights with respect to their education records.

I grant permission for Creighton University to certify my enrollment and submit grade information to the VA and other state/federal agencies as required.

Signature	Data
Signature	Date

Please return <u>both</u> pages of this form, along with a copy of your Certificate of Eligibility/Notice of Basic Eligibility, to:

Mail: Office of Military and Veterans Affairs

Creighton University

Hixson-Lied Science Building, Room G06

2500 California Plaza Omaha, NE 68178

Email: veterans@creighton.edu

Fax: (402) 280-3882

If you have questions, please contact the Office of Military and Veterans Affairs at (402) 280-4063.