Request to Initiate VA Benefits at KGI

Name: _____   Social Security Number: _____

Phone Number: _____   Email: _____

Are you a veteran?   Yes   No

Most recent branch of service: _____   Are you/they still active?   Yes   No

Current Mailing Address: _____
Street Number & Name, City, State, and Zip Code

What VA Benefit Program will you be using at KGI?:

Note: If you are using Chapter 35, the service member's VA File # is required. Please enter it here: _____

Degree type at KGI: _____   Concentration: _____

Semester you will begin to use GI Bill at KGI: _____ _____
Term   *Year*

Student Signature: _____   Date: _____

Please return the completed form the Office of the Registrar along with a copy of your DD214 (if applicable) and a copy of your offical VA Certificate of Eligibility letter. You can deliver them in person (Building 215, Room 100), by fax 909.607.0109 or via e-mail at registrar@kgi.edu.