



## VA Education Benefits Authorization Form

Email to [veterans@asurams.edu](mailto:veterans@asurams.edu)

Last Name:	
First Name:	<b>MI</b>
Is this the first time using benefits at ASU?	<b>Yes</b> <b>No</b>
900 Number:	
Email:	<b>@students.asurams.edu</b>
Phone Number:	
Major:	
Term:	

I understand the classes I enroll for the above term must be required for the major listed in Banner to be reported for educational benefits. If I withdraw from classes at any time during the semester I may create a debt to the Veterans Administration or Albany State. This form is required by the Office of Military and Adult Education every semester in order to receive Department of Veterans Affairs Educational Benefits. I understand the failure to turn this sheet in, to provide truthful information, or to properly complete this form in a timely manner will result in the delay of my Certification of Enrollment.

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Student's Signature

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Date