

Dept. of Military and Veteran Services PO Box 756370 Fairbanks AK 99775 Phone: (907) 474-7400

Fax: (907) 474-7444 E-Mail: <u>uaf-va@alaska.edu</u> Website: www.uaf.edu/veterans

Request for Advance Payment of VA Benefits NOT AVAILABLE TO CHAPTERS 33 (GI Bill®) or 31 (VR&E)

NAME:		
Last	First	MI
Student ID:		
SEMESTER: Fall	Spring Summer_	YEAR:
2 weeks before the month (and portion of	beginning of the semester a month if the semester and will not receive my r	receive a check no earlier than er which will include the first does not begin at the beginning next check for approximately 2
_	advance paycheck will be se ust sign for and pick up the	ent to the University of Alaska e check from UAF.
than 45 days prior to Advance Pay in orde request. If I do not su	o the beginning of the ser er to allow UAF and the VA	t for Advance Pay form no less nester for which I will receive A sufficient time to process my ely manner, I understand that I
SIGNATURE		DATE