VA Change Form

1) PERSONAL INFORMATION

*SEMESTER: ___ Fall ___ Spring ___ Summer  *YEAR: 20___  *STUDENT ID:________________________

*NAME: ____________________________________________

Last   First   MI

*HOME PHONE:________________________  *EMAIL ADDRESS:________________________

2) CHANGE REPORTING  Only fill in the information that has changed.

This form only changes your VA record with the UAF Financial Aid Office additional forms and documentation are necessary to make changes within the UAF system and/or the Department of Veterans Affairs.

☐ PERSONAL
  □ Name
    ____________________________________________
    Last   First   MI

  □ Mailing Address:________________________________________

  □ Home/Work/Cell Phone:_____________________________________

  □ Email:___________________________________________________

☐ Changed DEGREE/MINOR/CONCENTRATION:
  _____ added   Name of Degree/Concentration________________________

  _____ dropped Name of Degree/Concentration________________________

☐ INSTITUTION
  From: ___________________________   To: ___________________________
  EX: University of Texas            University of Alaska, Fairbanks

☐ VA EDUCATIONAL PROGRAM
  From: ___________________________   To: ___________________________
  EX: Montgomery GI Bill CH 30            VA Vocational Rehabilitation CH 31

3) ACKNOWLEDGEMENT

I hereby authorize UAF to notify the VA Regional Processing Office of the above changes.

SIGNATURE: ___________________________ DATE: ___________________________

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