

Big Bend Community College Veterans Benefits Intake Form

Name _____ Program of study _____
Address _____ SID _____
_____ SSN * _____
Phone _____

* Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purpose of state/federal requirements; disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Please provide the following forms/information

You must provide a copy of your DD-214 and Letter of Eligibility. If you are currently serving in the Guard/Reserve, you must provide a NOBE.

Have you used VA education benefits before? ___yes; ___no. (If yes, provide form DD22-1995)

If yes, please list all schools attended and the dates of attendance

School _____
School _____
School _____
School _____

***Provided official transcripts for **ALL** schools listed above to registration for evaluation.

Are you active duty or prior active duty? _____yes _____no (ch. 30)

Are you in the Guard/Reserve? _____yes _____no (ch. 1606)

Have you been deployed for over 90 days since 9/11/2001? _____yes _____no (ch. 1606/1607)

Are you a dependent using your parent or spouse's VA benefits? _____yes _____no (ch. 35)

Are you under the VA Voc Rehab program? _____yes _____no (ch. 31)

If yes: Name of counselor _____
Address _____
Telephone number _____
Email _____
Fax _____

VETERANS ACADEMIC OBLIGATIONS

- I understand that I must notify the VA Coordinator when I add or drop any classes. I must maintain satisfactory academic progress as defined in the Big Bend Community College's catalog on page 18. **Initial**_____
- It is my responsibility to bring in a copy of my registration each quarter to the VA Coordinator to guarantee that my credit hours are certified to the VA. I understand that I may be responsible to the VA for overpayment of benefits if I reduce my credit load. **Initial**_____
- I authorize the BBCC VA Coordinator to certify my enrollment and submit any confidential enrollment information to the Veteran's Administration. **Initial**_____

PERMISSION TO RELEASE RECORDS

Federal law and BBCC policy prohibits the release of a veterans records (even to parents or spouse) without written permission from the veteran. Please check and fill in all areas that apply to indicate your authorization to release, or not release, your veteran information. You may change your authorization at any time by contacting the Veterans Coordinator. Your authorization will be effective for the current academic year only.

- Parent (name/s) _____
- Spouse (name) _____
- Other _____
- I do not wish to utilize any of the above three options. Do NOT release information to anyone.

Signature: _____ Date: _____

Return all required forms to:

Rita Jordan, Veterans Coordinator
Big Bend Community College
7662 Chanute Street N.E.
Moses Lake, WA 98837

Phone: (509) 793-2034
Fax: (509) 762-3648
Email: ritaj@bigbend.edu