



Office of Financial Aid
 201 Community College Drive
 Baton Rouge, LA 70806
 225-216-8323
 225-216-8010 (Fax)
 Email: chatmand@mybrcc.edu

Request for Enrollment Certification of Educational Benefits for Veterans

*****Please allow 7-10 working days for processing time**

Student Information - Please print			
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	
<i>CURRENT MAILING ADDRESS</i>			
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	
<i>TELEPHONE NUMBER</i> ()		<i>STUDENT ID</i>	
<i>EMAIL ADDRESS:</i>			
IS THIS YOUR FIRST TIME REQUESTING CERTIFICATION FROM BATON ROUGE COMMUNITY COLLEGE? Submit a copy of your DD-214 and certificate of eligibility.			
***All courses must be applicable to the current degree checklist ***		<i>MAJOR:</i>	<input type="radio"/> Check here if you have changed your major and submit a new degree checklist.
WHICH TYPE OF EDUCATIONAL BENEFITS ARE YOU RECEIVING?			
<input type="radio"/> CHAPTER 30 (MONTGOMERY GI BILL-ACTIVE DUTY) <input type="radio"/> CHAPTER 33 (POST 9/11 GI BILL)** Percentage% _____ VA FILE NO: _____ (if applicable) <input type="radio"/> CHAPTER 31 (Vocational Rehabilitation) <input type="radio"/> CHAPTER 35 (DEPENDENTS EDUCATIONAL ASSISTANCE VA FILE NO: _____ <input type="radio"/> CHAPTER 1606 (MONTGOMERY GI BILL-SELECTED RESERVE) <input type="radio"/> Louisiana National Guard			
<i>BRCC Parking fee will not be included in tuition and fees to be billed to VA for payment</i>			
Please review completed checklist before submitting:			
<input type="checkbox"/> Completed Request Form <input type="checkbox"/> Detailed Class Schedule <input type="checkbox"/> Degree Checklist			
By signing this form, I acknowledge that:			
<ul style="list-style-type: none"> • ALL OF THE ABOVE INFORMATION IS ACCURATE AND CURRENT • I WILL NOTIFY THE SCHOOL CERTIFYING OFFICIAL OF ANY SCHEDULE CHANGES • I WILL MONITOR MY BENEFIT STATUS USING www.ebenefits.va.gov. • I WILL BE RESPONSIBLE FOR PAYING BATON ROUGE COMMUNITY COLLEGE ANY TUITON AND FEES NOT COVERED BE THE DEPARTMENT OF VETERAN'S AFFAIRS. • I WILL SUBMIT A REQUEST FORM EACH SEMESTER FOR CERTIFICATION OF BENEFITS 			
Student Signature _____		Date _____	