



Veteran Affairs Benefits  
Enrollment Certification Request

**REGISTRAR'S OFFICE**

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • registrar@uclawsf.edu

**Submit signed and completed form and documents to the Registrar's Office. This form should be submitted prior to the beginning of the term for which benefits are being claimed.**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Class:  1L  2L  3L  CSL  MSL  HPL Anticipated Graduation Date (MM/YY): \_\_\_\_\_

VA File #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ VA Payee #: \_\_\_\_\_ (Chapter 35 DEA recipients only\*)

**\*The file number** for Chapter 35 is the dependent's spouse or parent's Social Security Number or 8-digit claim number. The dependent's VA File number will be on all award documents sent to the claimant. The "C" number is followed by a **payee number** or letter (a "W" or "10" for a spouse or widow(er) and A, B, C, etc. or 41, 42, 43, etc. for children).

Is this the first semester that you are using your VA educational benefits?      Yes      No

Will you, or have you waived your UCSHIP health insurance?      Yes      No

*All students are automatically enrolled in and billed for UC SHIP. If a student already has health insurance and that health insurance will continue through the student's enrollment for the academic year at UC Law SF, students may opt to waive out of UC SHIP by completing the online waiver form. For more information, please refer to the [Health Services Insurance Waiver webpage](#).*

**I am eligible for Veteran Educational Benefits under the following program:**

- Chapter 30: Montgomery GI Bill®– Active Duty
- Chapter 31: Veteran Readiness and Employment (VR&E) Program.  
**VR&E counselor contact information:**
  - Name: \_\_\_\_\_
  - Phone #: \_\_\_\_\_ Email: \_\_\_\_\_
- Chapter 32: VEAP Educational Assistance Program
- Chapter 33: Post 9/11 GI Bill® - **Attach a copy of your Certificate of Eligibility (CoE) Letter or a copy of your Statement of Benefits to this certification request form.**
  - Veteran       Dependent
- Chapter 35: Survivors' and Dependents' Educational Assistance Program. **Attach a copy of your Certificate of Eligibility (CoE) Letter to this certification request form.**
- Chapter 1606: Montgomery GI Bill – Selected Reserve
- Chapter 1607: REAP (Reserve Educational Assistance Program)

*I certify under penalty of perjury that the information on this Veteran's Certification Request form is true and complete to the best of my knowledge. I agree that a facsimile signature on this form is valid for all purposes as an original signature. I agree to immediately notify the School Certifying Official of any changes in my VA education benefits, the program of study, or enrollment status. I agree to notify the School Certifying Official and the Financial Aid Office if I drop below full-time enrollment. I understand that I am responsible for paying the tuition and fees charged for attending UC College of the Law San Francisco. Should for any reason the VA not cover the full tuition and fees charges, I agree to pay the balance in full immediately. I further understand that any information on this form or in my academic record may be shared with the VA at its request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_