



DCCCD VA DATA SHEET

Name: _____ (Last, First, MI)

Student ID# : _____ SSN#: _____ VA File #: _____ - _____

Address: _____

City _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____ Email: _____

VETERANS ADMINISTRATION BENEFIT YOU ARE APPLYING FOR:

- Chapter 30 GI Bill Active Duty
 Chapter 35 Dependent/Spouse
 Hazlewood Exemption Act
 Chapter 31 Vocational Rehabilitation
 Chapter 1606 GI Bill – SR
 Hazlewood Exemption Act - Legacy
 Chapter 33 Post 9/11 Montgomery GI Bill - _____%
 Chapter 1607 GI Bill - R E A P

You will need to provide your Certificate of Eligibility (COE) from VA.

PARENT INSTITUTION (School you will obtain degree from)

- | | |
|--|---|
| _____ Brookhaven 972-860-4673
Fax 972-860-4129 | _____ Mountain View 214-860-3632
Fax 214-860-8704 |
| _____ Cedar Valley 972-860-8219
Fax 972-698-3070 | _____ North Lake 972-273-3165
Fax 972-273-3164 |
| _____ Eastfield 972-860-7323
Fax 972-860-8389 | _____ Richland 972-238-3778
Fax 972-890-3859 |
| _____ El Centro 214-860-2660
Fax 214-860-2637 | _____ Other: _____ |

List ALL institutions attended, regardless of credit earned. (Please do not abbreviate.)

An official transcript from each institution attended must be submitted to the Registrar's Office.

Name of Institution	City	State	Dates Attended	Total Hours Earned

I certify that all information on the DCCCD VA Data Sheet is true and correct.

Student's Signature: _____

Date _____