



## Permission to Certify

To be certified in VA-ONCE to receive VA educational benefits, you must complete this form and return it to:

Susan Stefanick, Registrar  
 Registrar's Office  
 Bart Luedeke Center, Suite 213  
 FAX: 609-895-5447  
 EMAIL: [stefanick@rider.edu](mailto:stefanick@rider.edu)  
 Please cc: [redington@rider.edu](mailto:redington@rider.edu)

***Please return this form as soon as possible. If you do not return this form, I will assume that you no longer wish to have your enrollment status certified to the Department of Veterans Affairs.***

**In addition, you must send a current VA Certificate of Eligibility letter. Please send a copy of that document along with this Permission to Certify form.**

Full Name \_\_\_\_\_

Rider Bronc ID# \_\_\_\_\_ Last 4 digits of social security \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Rider email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Personal email \_\_\_\_\_

Expected date of Graduation \_\_\_\_\_ Program to be certified for \_\_\_\_\_

**Semester/term to be certified**

**I plan to enroll in courses for the following semesters/terms below. Please write the number of credits for every semester or term you wish to be certified for tuition benefits. You will ONLY be certified for the semesters/terms for which you give the number of credits and ONLY up to one year from date below.**

TERM	YEAR	CREDITS	TERM	YEAR	CREDITS

**Rider University policy**

I understand the above requirements and grant permission to the Rider VA school certifying official to release my enrollment information to the Department of Veterans Affairs. Also, my signature confirms that I understand the laws, regulations, rules, responsibilities, payment and how to utilize other financial aid for the educational benefit program being certified for. Questions? Contact the Veterans & Military Affairs Office at [veterans@rider.edu](mailto:veterans@rider.edu).

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