



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: stefanic@rider.edu
 Please cc: reddingtont@rider.edu

Please return this form as soon as possible. If you do not return this form, we 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 _____ VA Benefit to be certified for _____

Semester/term to be certified

I plan to enroll in courses for the following semesters/terms listed below. I have written the number of credits for every semester or term I wish to be certified for tuition benefits. I will ONLY be certified for the semesters/terms for which I give the number of credits and ONLY up to one year from the 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 utilization of other financial aid for the educational benefit program being certified for. Questions? Contact the Veterans & Military Affairs Office at veterans@rider.edu.

Signature _____ Date _____