



## 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 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 \_\_\_\_\_