



## Permission to Certify

If you wish to be certified to receive VA educational benefits, you must complete this form and return it to either:

**CCS students (except Voc Rehab)**

Karen Crowell  
 College of Continuing Studies  
 Bart Luedeke Center, Suite 31  
 FAX: 609-896-5261  
 EMAIL: crowellk@rider.edu

**Voc Rehab & all other students (except CCS)**

Sue Stefanick  
 Registrar's Office  
 Fine Arts Room 117  
 FAX: 609-895-5447  
 EMAIL: stefanic@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, please submit an updated copy of your VA Certificate of Eligibility, as well as a copy of your DD214 if you have not previously submitted one.**

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 \_\_\_\_\_

**Semester/term to be certified**

I plan to enroll in courses for the following semesters/terms.  
*Please indicate every semester or term you wish to be certified for tuition benefits.  
 You will ONLY be certified for the semesters/terms which you list.*

TERM	YEAR	CREDITS	TERM	YEAR	CREDITS
Fall			Summer I		
Jterm			Summer II		
Spring					

**Rider University policy**

I understand these requirements and grant permission to the VA certifying official to release my enrollment information to the Department of Veterans Affairs.

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