



Student Information Sheet

All information requested below is needed to process your benefits. Failure to complete this form in its entirety may result in processing delays. Please submit this documents at <http://veterans.auburn.edu/required-documents/>.

Full Name:		AU ID #:	
Phone #:		Date of Birth:	
AU Email:		Student SSN#:	
Street address:	-----	What term would you like to start your VA Benefits?	
City, State, Zip:			
Please check your applicable category:	<input type="checkbox"/> Veteran	<input type="checkbox"/> Service Member	<input type="checkbox"/> Dependent
		<input type="checkbox"/> Survivor	

Which Federal VA Educational Program are you using? Please check the box to the left of appropriate program.

	CH 30: Montgomery GI Bill®		CH 1606: Montgomery GI Bill® – Selected Reserve
	CH 31: Veteran Readiness & Employment (VR&E)		CH 35: Dependent Educational Assistance Program
	CH 33: Post 9/11 GI Bill®		Fry Scholarship

CH 31 VR&E, please answer the following question:

Name of VR&E Counselor:	
Email of VR&E Counselor:	

CH 35 DEA, please answer the following question:

Veteran SSN/File #:	
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