

Veteran Affairs Certification Request Form

HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR
HAMPTON, VA 23668
(757)727-5324/FAX (757)727-5095

Please complete and submit to this office with a copy of your schedule each Semester.

Student's Name: _____

Student's ID #: _____

Student Hampton University Email Address: _____

Contact Number: _____ Chapter of VA Benefits _____

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Do you need your 1999 Enrollment Certification submitted to use benefits to pay for school?

___ Yes ___ No

Which school term and year would like to use benefits? _____

Do you currently receive any funding from Financial Aid? ___ Yes ___ No (**)

**If yes to Financial Aid question, what type of funding? (Scholarships, loans, etc.....)

If available would you like to receive Yellow Ribbon (NOTE: Only if you are a Post 9-11 recipient and 100%, will you be eligible to receive Yellow Ribbon.)? ___ Yes ___ No ___ Already Receive

Comments and Questions:

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Student's Signature: _____ ***Date:*** _____

******* PLEASE NOTIFY THIS OFFICE OF ANY CHANGES *******