

Fall 2024 VA Responsibilities & Certification Authorization

Office of Financial Aid 671 Winyah Drive Orlando, FL 32803

First Name		MI				
			Address	5		
SSN	Stuc	lent ID	City	State	Zip	
Degree program			Phone			
VA Educatio	n Benefits Typ	oe	Student	Email		
I am the:	□Veteran	□Dependent		 Responsibilities Eligible Veterans and Dependents are responsible for notifying the VA Certifying Official in the Financial Aid 		
I am on Activ Duty:	<i>ve</i> □Yes	□No	are Cer			
I will be applying for federal and state financial aid: □Yes □No		the edu • Reg	 Office at AdventHealth University of their intention to apply for VA education benefits each award year. Register only for courses that will apply to your degree program. Promptly report any changes (withdrawals, audits) in your enrollment to the Certifying Official on campus. Failure to do so may result in an overpayment and a debt. Any change of major must be reported IMMEDIATELY! If there has been a change in your name or address, please request a Name/Address Change form from the Financial Aid Office. 			
I officially request that credit hours of the coursework that I am currently registered to attend be certified to the VA.						 Pro (w) eni Off so and Any rep If t nar Nar
Sianature				Date		