

Veteran's Enrollment Information

All veterans applying for educational benefits must complete the following information

Name: _____ SS#: _____
Last First MI (do not use Student ID#)

Address: _____
Street / PO Box Apt # City Zip Code

E-Mail Address: _____ Is this a new e-mail address? _____

DOB: _____ Cell Phone: _____ Home/Work Phone: _____

Student Status at Ventura College: Continuing () New () Returning () Last Semester Attended _____

I am applying for educational benefits for: Summer _____ Fall _____ Spring _____

Units Enrolled: _____ Ed Goal: A.A. / A.S. / Cert / Xfer Major: _____

I hereby authorize the Ventura College Veteran's Affairs Office to release information from my personal and veteran records to authorized personnel at the Veteran's Administration Office and/or my secondary school as necessary.

Student Signature _____ Date _____