



# VA Change Form

\*SEMESTER: Fall\_\_\_ Spring\_\_\_ Summer\_\_\_ \*YEAR: 20\_\_\_ \*STUDENT ID:\_\_\_\_\_

\*NAME: \_\_\_\_\_

Last

First

MI

\*HOME PHONE:\_\_\_\_\_ \*EMAIL ADDRESS:\_\_\_\_\_

This form only changes your VA record with the UAF DMVS office additional forms and documentation are necessary to make changes within the UAF system and/or the Department of Veterans Affairs.

## € PERSONAL

\_\_\_\_dropped Name of Degree/Concentration

## € INSTITUTION

From:\_\_\_\_\_ To:\_\_\_\_\_

EXAMPLE: University of Texas

University of Alaska, Fairbanks

## € VA EDUCATIONAL PROGRAM

From:\_\_\_\_\_ To:\_\_\_\_\_

EXAMPLE: Montgomery GI Bill CH 30

VA Vocational Rehabilitation CH 31

I hereby authorize UAF to notify the VA Regional Processing Office of the above changes.

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

Can Replace VA Form 22-1995