



Parent School Letter Request Form

Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Student Name	SSN	Student ID
Phone	Email	
Term to be certified: <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <input type="checkbox"/> Fall 20__		
Benefit: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dep <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Fry Scholarship		

Guest School Information	
Attach proof of registration & guest school's course description. All information is required.	
Name of Guest School	Student ID Number at Guest School
VA Certifying Official Name	VA Certifying Official E-mail
VA Certifying Official Contact Phone	VA Certifying Official Fax
Guest School Address	

Courses Added (e.g. Engl 001)	Units	Office Use
Total Units:		

SIGNATURE _____ DATE _____

Office Use Only	
<input type="checkbox"/> The above course(s) have been reviewed and approved by the VA Coordinator.	<input type="checkbox"/> E-mailed <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed
<input type="checkbox"/> The above course(s) have been reviewed and denied by the VA Coordinator.	
SIGNATURE _____ DATE _____	Date: _____ Intl: _____
Amy Kennedy, VA Coordinator	