



Request of Verification of Entitlement

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: <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 | | |

| | | | |
|--|-------------------------|-----------------|---------------|
| Company Information | | | |
| Name of Company | | | |
| Company's Phone # | Point of Contact E-mail | | |
| Point of Contact Phone # | Fax # | | |
| Company's Address | Company's City | Company's State | Company's Zip |
| Delivery Choice: <input type="checkbox"/> Deliver letter yourself <input type="checkbox"/> VRC to Email on your behalf <input type="checkbox"/> Fax | | | |

Indicate Information Needed (Be Specific):

SIGNATURE _____ DATE _____