



Transcript and Student Obligation 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

Full Name	Last 4 SSN	Student ID
-----------	------------	------------

TRANSCRIPT INFORMATION:

Did you attend a previous college other than Solano Community College? Yes No

Do you have a degree (undergraduate and/or graduate)? Yes No

Name of College(s)	OFFICE USE ONLY		
	In File	Date Rcvd	Initials
<input type="checkbox"/> Joint Service Transcript (Army, Coast Guard, Marines, Navy) -OR- <input type="checkbox"/> Community College of the Air Force (Air Force) are required for veterans.			

Read, understand, and Initial Each Line to agree:

_____ I understand that if I am receiving Chapter 33 benefits, I am required to contact the regional VA Education Office at 1-888-442-4551 at the end of every month to verify my enrollment. A failure to do so will result in an interruption in my benefits.

_____ I understand that I am required to have an Education Plan written by a VA-approved counselor prior to being certified.

_____ I understand that I am required to have any and all **Official Transcripts** sent to Solano Community College **prior to my third semester** of using my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that it is my responsibility to complete an Enrollment Status Form with the Veterans Resource Center each semester in order to continue my Education Benefits. A failure to do so will result in an interruption in my Education Benefits.

_____ I understand that I am required to inform the Veterans Resource Center of all changes to my schedule. A failure to do so may result in an overpayment on my part which will result in a debt to the US Department of Veterans Affairs.

_____ I understand that if I am receiving Chapter 30 or Chapter 1606 benefits, I am required to verify my enrollment at the end of each month. A failure to do so will result in an interruption in my benefits. Contact: 1-877-823-2378 or www.gibill.va.gov/wave

_____ I authorize any staff member in the Solano Community College, Veterans Resource Center to discuss my case with any US Department of Veterans Affairs Representative.

_____ I understand that I am required to submit a copy of my Certificate of Eligibility for my education benefit within one semester of utilizing the benefit. A failure to do so may result in an interruption in my Education Benefits.

_____ I understand if I drop any course(s) that changes my rate of pursuit, I will be required to pay a portion or all of my MHA or Monthly Stipend effective the first day of the semester to the VA.

I understand that by signing this form I am acknowledging that I have read all information thoroughly and understand what information has been provided to me.

SIGNATURE _____

DATE _____