



VETERANS BENEFITS FORM 2008 - 2009

NORTHEASTERN STATE UNIVERSITY
STUDENT FINANCIAL SERVICES
715 NORTH GRAND
TAHLEQUAH, OKLAHOMA 74464-2300
PHONE: (918)456-5511 EXT. 3456
1(800)722-9614
FAX: (918)458-2150

(Use dark blue or black ink to fill out form)

Student Name _____ Social Security Number _____
(PLEASE PRINT)

Veterans Educational Benefits must be verified for all veterans who apply for financial aid assistance. Please complete the Student Section of this form and forward it to the NSU Veterans Office for completion. Your financial aid eligibility cannot be determined until this form is certified by the NSU Veterans Coordinator.

Authorization For Release Of Information

I hereby authorize the NSU Veterans Office to release to the NSU Office of Student Financial Services information concerning my Veterans Educational Benefits for the 2008-2009 Academic Year.

If the NSU Veterans Office is unable to verify the full amount of my monthly Veterans Educational Benefits (including Kickers) at the time this form is certified, these benefits will be re-verified at a later date. If my Veterans Benefits adversely affect my financial aid eligibility, I understand that I may be responsible for repaying a portion of the financial aid disbursed to me.

Student's Signature Date

To be completed by the Veterans Office

Please indicate below the type of Veterans Educational Benefits the student will be receiving during the 2008-2009 Academic Year. Also, list the monthly amount and number of months the student will be receiving these benefits.

<u>TYPE OF BENEFIT</u>	<u>AMOUNT PER MONTH</u>	<u>NUMBERS OF MONTHS</u>
___ Selective Reserve (Chap. 106)	_____	_____
___ Vocational Rehab. (Chap. 31)	_____	_____
___ DEAP (Chap. 35)	_____	_____
___ New GI Bill (Chap. 30)	_____	_____
___ VEAP (Chap. 32)	_____	_____
___ REPS (Chap. 156)	_____	_____
___ Other _____	_____	_____

___ Student has not applied for Veterans Educational Benefits at this time.

Veterans Coordinator's Signature Date