



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