

## **Request for Consent to Process VA Educational Benefits Form**

Student's Name		Phone		Student ID		
Address						
City		State		Г	Zip Code	
		Choose an item.				
(Select only one choice	e below and mark the a	appropriate semesto	er/s)			
☐ I <u>authorize</u> Gustavu	s Adolphus College to p	rocess my VA Educa	ational benefit	s for scho	ool year 2023-24	
Fall□	Spring □	J-Term□		(Check all that apply)		
☐ I do not authorize	Gustavus Adolphus Coll	ege to process my V	A Educational	benefits	for school year 2023-24	
Please indicate the VA	Chapter of benefits tha	at you qualify under:	:			
For all students, be sur	e to include a copy of y	our <u>most recent</u> VA	Certificate of I	Eligibility	or VA Benefits Paperwork.	
•	_	-	_		23, for your benefits to be ay by the VA on the start of	
Student Signature				Date_		