Middle Georgia State University VA Data/Audit

Name (First, Middle, Last) _____

Student ID **983**_____

Full Address (Street, Apt #, City, State, Zip Code) _____

Telephone Number (include area code) _____

Student's MGA Email Address: _____

Veteran's Branch of Service **(Not Dependent)** _____

Degree and Major: _____

Please initial:

_____ I authorize Middle Georgia State University to request my Joint Service Transcript/Community College of the Air Force Transcript, or I will provide a copy of the transcript. **(Not Dependent)**

Please check one:

_____ Dependents' Educational Assistance (Chapter 35)

Veteran's First & Last Name: _____

_____ Fry Scholarship

_____ Montgomery GI Bill (Chapter 30)

_____ Post 9/11 GI Bill (Chapter 33)

_____ Post 9/11 Gi Bill **(Dependent only TOE)**

_____ Reserve Education Assistance (Chapter 1607)

_____ Selected Reserve or National Guard (Chapter 1606)

_____ STEM program

_____ Vocational Rehabilitation (Chapter 31) **Counselor's Name:** _____

Counselor's Email Address: _____

*** Have you received a **Certificate of Eligibility** from the VA? _____

*** I understand that as a Chapter 30, 35, 1606, or 1607 VA beneficiary, I must pay my bill in full or make payment arrangements with the Student Account Services before the semester starts. ____

Signature: _____ **Date:** _____

Staff Only: VA File Number: _____ **Payee Number:** _____

Submit completed form to vacerts@mga.edu

Revised 9/9/2026