



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