

LINDENWOOD UNIVERSITY ST. CHARLES, MISSOURI

## **Request for VA Certification**

Veteran Affairs Center • 209 S. Kingshighway St. Charles, MO 63301 (636) 949-4105

	☐ Underg	raduate G	ing raduate			Term Name:		
						Ter	rm Dates:	
Stu	ident ID No.						redits enrolled r this term:	1
Last Name			First		MI	Maiden		VA Chapter No.
Mailing Addres	SS		Cit	у	State	Zip	Program of	Study/Major
Home Phone		Work Phone		Cell Phone	E-mail			
(Please circle your <b>Are you cu</b>		ective duty? Y	es or N	0	Are you	receiving tu	ition assistar	nce? Yes or No
	_			ty to submit a Fo				*

I am requesting Lindenwood University to submit a Form 1999-Enrollment Certification to the Department of Veteran's Affairs. I understand I am required to contact Lindenwood University's Certifying Official within 10 days of any changes to my enrollment status in person or by telephone to 636-949-4105.

I also understand Lindenwood will not complete a Form 1999-Enrollment Certification unless I complete and submit to the Lindenwood Certifying Official this form for each term I am enrolled.

Student Signature Date

NOTE: Contact the Regional Processing Office with any questions regarding VA Benefits availability or your account.

**Contacts for the Regional Processing Office of St. Louis:** 

Website: www.gibill.va.gov • VA Hotline: 1-888-442-4551 • WAVE Verification Line: 1-877-823-2378

Please submit this form in person, fax, email, or mail to:

Lindenwood University Veteran Affairs Center 209 S. Kingshighway St. Charles, MO 63301 Fax: (636) 627-2921

Fax: (636) 627-2921 DSimms@lindenwood.edu

For Office Use Only	