

University of Alaska Fairbanks
Dept. of Military and Veteran Services
P.O. Box 756370
Fairbanks, AK 99775-6370
(907) 474-7400 / (907) 474-7444 fax
uaf-va@alaska.edu; www.uaf.edu/veterans

## Request for Delay of VA Benefit

NAME:				
Last		First	MI	
UA SID:				
receive no \ count toward	/A benefit dur d my total mo	ing this period nths of benefit	of time and thats s used but will	I understand that I will at this period of time will not still be counted in the total om date of separation).
SEMESTER:	Fall	Spring	Summer	YEAR:
register for	the following	semester, a ce	ertification will	listed above and that, if I be submitted to the VA elay of Benefit.
SIGNATURE:				DATE: