



Financial Aid Office
PO Box 756360
Fairbanks AK 99775
Phone: (907) 474-6391
Fax: (907) 474-7065
E-Mail: uaf-va@alaska.edu
Website: www.uaf.edu/veterans

Request for Advance Payment of VA Benefits

NOT AVAILABLE TO CHAPTER 1607 (REAP RECEIPTS), CHAPTER 33 (Post 9/11) or ACTIVE DUTY

NAME _____
Last First MI

SID: _____

SEMESTER _____ YEAR _____

I understand that if I request advance pay I will receive a check no earlier than 2 weeks before the beginning of the semester which will include the first month (and portion of a month if the semester does not begin at the beginning of a calendar month) and will not receive my next check for approximately 2 months. _____(Initial)

I understand that my advance pay check will be sent to the University of Alaska Fairbanks and that I must sign for and pick up the check from UAF. _____(Initial)

I understand that I must submit my UAF Request for Advance Pay form no less than **45 days prior to the beginning of the semester for which I will receive Advance Pay** in order to allow UAF and the VA sufficient time to process my request. If I do not submit my request in a timely manner, I understand that I may not receive my Advance Pay _____(Initial)

SIGNATURE _____ **DATE** _____