VA Change Form

1) PERSONAL INFORMATION

*SEMESTER: (circle one) Fall   Spring   Summer   *YEAR: 20___   *STUDENT ID:____________________
*NAME: __________________________________________   *SS# ________________________________
                  Last               First               MI
*Mailing Address:________________________________________
*HOME PHONE:____________________   *EMAIL ADDRESS:____________________

2) CHANGE REPORTING

This form only changes your VA record with the UAF Financial Aid Office additional forms and documentation are necessary to make changes within the UAF system and/or the Department of Veterans Affairs.

☐ PERSONAL
   o Name
      Last               First               MI
   o Mailing Address:________________________________________
   o Home/Work/Cell Phone:_____________________________________
   o Email:____________________________________________________

☐ DEGREE/MINOR/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

3) ACKNOWLEDGEMENT

I hereby authorize UAF to notify the VA Regional Processing Office of the above changes.

SIGNATURE:____________________    DATE:____________________

Can Replace VA Form 22-1995

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