



# VA Change Form

## Military and Veteran Services

### 1) PERSONAL INFORMATION

\*SEMESTER: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ \*YEAR: 20\_\_\_ \*STUDENT ID: \_\_\_\_\_

\*NAME: \_\_\_\_\_  
Last First MI

\*HOME PHONE: \_\_\_\_\_ \*EMAIL ADDRESS: \_\_\_\_\_

### 2) CHANGE REPORTING **Only fill in the information that has changed.**

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

- o Name

\_\_\_\_\_ Last First MI

o Mailing Address: \_\_\_\_\_

o Home/Work/Cell Phone: \_\_\_\_\_

o Email: \_\_\_\_\_

#### € Changed DEGREE/MINOR/CONCENTRATION:

\_\_\_\_\_ added Name of Degree/Concentration \_\_\_\_\_

\_\_\_\_\_ 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

### 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

Revised 04/26/2021

**Department of Military and Veteran Services at UAF**  
PO Box 756370  
Fairbanks AK 99775  
Phone: (907) 474-7400 Fax: (907) 474-7444  
E-Mail: [uaf-va@alaska.edu](mailto:uaf-va@alaska.edu)