VA Change Form

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