



# TUSKEGEE UNIVERSITY

## VETERANS BENEFITS DATA FORM

DATE: \_\_\_\_\_

ID NO. \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
SOCIAL SECURITY NUMBER  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

### **SECTION I**

STUDENT'S NAME

\_\_\_\_\_  
LAST FIRST MI

\_\_\_\_\_  
PERMANENT HOME ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

(\_\_\_\_) \_\_\_\_\_  
HOME PHONE NUMBER

### **SECTION II**

\_\_\_\_\_  
UNIVERSITY LOCAL ADDRESS - CAMPUS BOX NUMBER

\_\_\_\_\_  
CITY STATE ZIP CODE

(\_\_\_\_) \_\_\_\_\_  
LOCAL PHONE NUMBER

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

CLASSIFICATION:  Freshman  Sophomore  Junior  Senior  Graduate/  
Professional  
Degree  
Program

### **SECTION III**

VETERAN'S NAME: \_\_\_\_\_  
Last First Middle

VA FILE NUMBER: \_\_\_\_\_ GI BILL CHAPTER: \_\_\_\_\_

Have you used these benefits before?  Yes  No

When? Where? \_\_\_\_\_

Number of transfer hours accepted by TU? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registered \_\_\_\_\_

Date \_\_\_\_\_

Mailed by (VA Rep) \_\_\_\_\_