



Veteran Service Center

Room SS150
(562) 463-3117

****Major MUST be listed:** _____

NAME: _____ **SEMESTER:** _____

ADDRESS: _____ **SSN:** _____

CITY: _____ **ZIP:** _____ **RIO HONDO ID#:** _____

TELEPHONE: _____ **DOB:** _____

RIO HONDO EMAIL: _____ **PERSONAL EMAIL:** _____

(Username@my.riohondo.edu)

BRANCH: _____ **CHAPTER:** _____

LIST ALL COLLEGES PREVIOUSLY ATTENDED Include year and location (whether you received credits or not)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

ALL SEMESTERS PRIOR TRANSCRIPTS AS WELL AS AN EDUCATIONAL PLAN WITH CORRECT UNITS, AND A COUNSELOR'S SIGNATURE ARE REQUIRED TO PROCESS EDUCATIONAL BENEFITS.

Do you want to receive Veteran Educational Benefits **Yes** **No**

Do you want to receive Priority Registration Only **Yes** **No**
(Apply to Veterans Only)

I understand that under Chap 35 (Dependent) or Chap 31 (Voc Rehab) programs I must carry at least 6.0 units during the Fall & Spring semesters to collect benefits at the half-time rate. Chap 1606 is eligible to collect at quarter-time rate, however, all other programs must check with the Veteran's Service Center regarding rates. **I also understand that in order to be certified I must turn in a "Yellow Card."**

I understand that after six months of inactivity, every document in my file will be shredded. INT: _____

I, _____, understand any semester/ session I receive benefits for under U.S. Code, Title 38, and withdraw or reduce my unit load I must notify the Rio Hondo Veteran's Service Center. I also give Rio Hondo College permission to notify and furnish any information requested by the VA Administration regarding this claim.

SIGNATURE: _____ **DATE:** _____