



Veteran Service Center

Room SS150
(562) 463-3117

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

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: _____

Office Use Only

Veteran Orientation Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Official Transcripts <input type="checkbox"/> Yes <input type="checkbox"/> No Assessment Testing Necessary <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified <input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Education Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviated Education Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Major <hr/>	Reviewed by: _____ Date: _____