



Military Benefits Authorization Form

Term: Fall___ Spring___ Summer___ Year: 20___

Name: _____ Student ID#: _____ SSN (last 4) _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____@csustudent.net

Major: _____ Minor: _____ Online only? Yes___ No___

Undergraduate ___ Graduate___ How many hours do you plan to take? _____

Graduating this term? ___yes ___ no Anticipated graduation date: _____

VA Chapter:

| | |
|--|---|
| | CH. 30 Montgomery GI Bill®-Active Duty Branch:_____ |
| | CH. 31 VR&E Counselor:_____ email:_____ |
| | CH. 33 Post 9/11 G.I Bill®- VeteranVeterann- |