



Veterans Resource Center
Division of Student Affairs

Contact Information Form

As a VA benefits recipient, please provide the following current information: your mailing address, telephone number, and other VA relevant information. This form must be submitted to the Veterans Resource Center (Bldg. 121, West, 1st floor, Office 1940) or emailed to CPP's VA Certifying Official, Elke Azpeitia (emazpeitia@cpp.edu).

Name: _____ Bronco ID: _____
Last First Middle Initial

Address: _____ Telephone #: _____
City State Zip Code

Major/Plan: _____ Sub Plan/ Option: _____ SSN: _____

What is your current military affiliation:

Veteran Active Duty Reservist National Guard Dependent

If you are a veteran or military service member, provide your branch of service: _____

Email: _____ Undergraduate/Graduate Student: _____

Select the benefit that you are eligible for:

Chapter 30 Montgomery GI Bill® Chapter 31 Veteran Readiness & Employment Chapter 33 Post 9/11 GI Bill® Chapter 35 Dependents' Educational Assistance Chapter 1606 Montgomery GI Bill® Selected Reserve

If you are Dependent using Ch. 33 or Ch. 35, please provide the veteran's SSN: _____

I have verified that the information listed above to be accurate and true.

Student Signature: _____ Date: _____