Cal Poly Pomona
Student Affairs
Veterans Resource Center
3801 West Temple Avenue, Pomona, CA 91768

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 at: vrcbenefits@cpp.edu.

Name: _____ **Bronco ID:** _____
Last First Middle Initial

Address: _____ **Telephone #:** _____
City State Zip Code

Major/Plan: _____ **Sub Plan/ Option**: _____

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 (Circle One):

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 a military dependent using Ch. 33 or Ch. 35, please provide the following:

- **When you submit your VA online certification request on Bronco Direct, the file number that is requested from you is the veteran's social security number. This information is required to set up your account with the VA.**

- **Veteran's Name:** _____
  Last First Middle Initial

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

Student Signature: _____ **Date:** _____