Student Verification Form

Instructions: Please complete all parts of this form.

1. Have a School Official sign and date Part I.
2. Student must sign and date Part II.
3. Fax completed form to: Recruitment Office (fax # 774-826-1187)

PART I

Today’s Date: ________________

Student Full Name: ________________________________

College/University: ________________________________ State: ________________

Is this student:

Currently enrolled at Least Half-time? YES or NO 

Accepted for enrollment for the upcoming semester at least half-time? YES or NO

Number of credits, semester hours, or quarter hours completed to date: ________________

Major: ___________________________ Expected Graduation Date: ___/___/_______

Name and Title of Verifier:

Name: ___________________________ Date: ___________________________

Signature: ___________________________

PART II

I give permission for the release of the above information to the VA Boston Healthcare System.

Student Signature ___________________________ Date ________________

Student Email address/Phone #: ________________________________

PART III

Fax completed form to fax # 774-826-1187, Attn: Recruitment Office.

Revised: 4/12/2017