



CLTCC Certifying Official's Information  
See information at the end of the 2<sup>nd</sup> page

## 21-22 CLTCC VA Certification Data Form

(PLEASE PRINT)

\_\_\_\_\_  
Semester Year Campus

### Student Information:

\_\_\_\_\_  
Last Name First Name LOLA ID

\_\_\_\_\_  
Phone No. Email Address

### VA Status: (Must check one)

- Active Duty
- Reserve/Guard Chapter 1607 or 1606 (1-888-GIBILL1)
- Chapter 30 Montgomery GI Bill (1-888-GIBILL1)
- Chapter 33 Post 911 GI BILL (1-888-GIBILL1)
- Chapter 31 Voc Rehab - call your VA Educational Counselor for Authorization Form 22-1905
- Chapter 35 Please provide Parent/Spouse **complete** VA File Number.

### School Information:

Check the current status that applies to you:

- New student to VA - never used benefits before.
- Continuing VA student with CLTCC.
- Transfer student (used benefits before). Submit a copy of **all** unofficial transcripts.

### Note to ALL VA Students

- Complete and submit this VA Certification Data form each semester.
- Register with <https://www.ebenefits.va.gov/ebenefits/homepage>.
- Must submit a copy of your VA Certificate of Eligibility (COE) when submitting this form for the 1<sup>st</sup> time.

### Never used VA benefits or Transferring Benefits from another Institution:

- Complete and submit Form 22-1990 <https://www.benefits.va.gov/gibill/apply.asp>
- Submit a copy of your Certificate of Eligibility (COE) to the school
- Chapter 35, if eligible for the Title 29 – must submit a copy of your **Certificate of Eligibility for Title 29**.
- National Guard students eligible for the STEP Exemption may need to **call 504-278-8304 to ensure your name is on the eligibility list**.
- ALL transfer students must submit a copy of all unofficial transcripts
- All transfer students must complete the VA Form 22-1995 with VA <https://www.vba.va.gov/pubs/forms/VBA-22-1995-ARE.pdf>

**Chapter 35 students of a disabled or deceased Veteran must provide the following information on the first submitted VA Data form:**

\_\_\_\_\_  
Name of VA Parent/Spouse VA Parent/Spouse VA File Number (Full No.) VA Parent/Spouse Phone #



**National Guard Exemption:**

Are you eligible for the LA National Guard State Exemption to pay for your tuition? Your name must be on the Louisiana State National Guard Exemption list and you must be in good standing with CLTCC to receive this exemption. **Call 504-278-8304 to ensure your name is on the eligibility list.**

YES  NO

**Degree Program:**

Please list your degree program for this current semester. The courses listed below must apply toward this degree.

**Degree Program:** \_\_\_\_\_ (Must match your CLTCC Transcript)

**Course Schedule**

Please list your courses for the semester you are applying for benefits. CLTCC only certifies the classes listed below that you are enroll in. If you add additional classes after submitting this form, you must submit a “revised” VA data form for certification.

| Course & No (Please Print) | Hours | Course & No | Hours |
|----------------------------|-------|-------------|-------|
| EX: WELD 1120              | 3 hrs |             |       |
|                            |       |             |       |
|                            |       |             |       |
|                            |       |             |       |
|                            |       |             |       |
|                            |       |             |       |

**Certification & Signature**

**I certify that the courses listed above lead toward my degree. I hereby authorize the VA Certifying Official to release information to the Veteran’s Administration concerning my status as a VA Student at CLTCC. I will notify the Certifying Official of all changes that occur in my enrollment. I understand that failure to do so may result in a delay of payment or an overpayment with the VA Admin. I also understand that if this application isn’t complete in it’s entirety, may also cause a delay in certification, which will cause a delay in receiving my benefits.**

Student’s Signature

Date

Student’s VA SSN No. 1<sup>st</sup> time only

**ALEXANDRIA, WINNFIELD, JENA AND FERRIDAY submit to:**

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516 Murray Street, Alexandria LA 71301  
318-487-5690**

**LAMAR, SABINE, NATCHITOCHEs AND AVOYELLES submit to:**

**Gwen Andress  
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15014 Lake Charles Hwy; Leesville LA 71446  
337-537-3135 X2202 or X8108**