



Parent/Guest Institution Letter Request

Student Name:

Student email: _____ **@angelo.edu** **Student CID:** _____

Major: _____ **Minor:** _____

VA Benefit Used:

Ch. 30 – Montgomery GI Bill	Ch. 1606 – MGIB Select Reserve
Ch. 31 – Vocational Rehabilitation	Ch. 33 – Post-9/11 GI Bill
Ch. 35 – Survivors and Dependents Educational Assistance	Ch. 33T – Post-9/11 GI Bill Transfer of Entitlement

Institution:

Address:

Institution VA Official:

Email Address: _____ **Phone Number:** _____

Requested Class Information:

Class Name:	Class Name:
Course Information:	Course Information:
Start Date:	Start Date:
End Date:	End Date:
Class Name:	Class Name:
Course Information:	Course Information:
Start Date:	Start Date:
End Date:	End Date:

I authorize the Angelo State University VA Certifying Official to contact the individual identified above to coordinate the expenditure of my VA Education Benefit(s) to pursue the outlined classes. I understand that failure to notify both the Angelo State University VA Certifying Official as well as the individual above regarding any and all changes made after completion and submission of the requested parent letter may result in a payment refund owed to the Veteran Affairs Education Division. I understand that this document does not guarantee acceptance to the secondary Institution, the requested classes and that classes may not fully transfer into my current degree. I have communicated my intentions to my Angelo State University Academic Advisor, and accept responsibility for this request. I understand that I am responsible for ensuring grades and transcripts are sent to Angelo State University for processing upon completion of lettered grade classes.

Student Signature: _____ **Date:** _____