



# Parent School Letter Request Form

## Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 - Fax: (707) 646-2092

E-mail: [veterans@solano.edu](mailto:veterans@solano.edu) Website: <https://solano.edu/centers/veterans-resource-center/>

Student Name		Last 4 SSN	Student ID
Phone	Email		Date of Birth
Term to be certified: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____			
Benefit: <input type="checkbox"/> CH30 <input type="checkbox"/> CH31 <input type="checkbox"/> CH33 Veteran <input type="checkbox"/> CH33 Dependent <input type="checkbox"/> CH35 <input type="checkbox"/> CH1606 <input type="checkbox"/> Fry Scholarship			

### Guest School Information

**Attach proof of registration & guest school's course description. All information is required.**

Name of Guest School	Student ID Number at Guest School
VA Certifying Official Name	VA Certifying Official E-mail
VA Certifying Official Contact Phone	VA Certifying Official Fax
Guest School Address	

Courses Added (e.g. Engl 001)	Units	Office Use <u>(List SCC equivalent course)</u>
Total Units:		

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Typed name is an acceptable form of signature if submitting electronically\*

### Office Use Only

<input type="checkbox"/> The above course(s) have been reviewed and <b><u>approved</u></b> by the School Certifying Official. <input type="checkbox"/> The above course(s) have been reviewed and <b><u>denied</u></b> by the School Certifying Official.		<input type="checkbox"/> E-mailed <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed
Solano Community College Facility Code: <b>11116505</b> The above student's Solano College <b>Objective Type</b> is: <input type="checkbox"/> Associate of Art <input type="checkbox"/> Associate of Science <input type="checkbox"/> Bachelor of Science		
The student listed above intends to take the listed course(s) at the above mentioned school for the indicated term. Please certify the course(s) to VA as the guest school. VA data and history for both parent and guest schools will be in Enrollment Manager.		
SIGNATURE _____ DATE _____ VA School Certifying Official		