



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 Website: www.solano.edu/veterans

Student Name	Last 4 SSN	SCC Student ID
Phone	Email	
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 Vet <input type="checkbox"/> CH33 Dep <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
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 approved by the School Certifying Official. <input type="checkbox"/> The above course(s) have been reviewed and denied by the School Certifying Official.	<input type="checkbox"/> E-mailed <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed
Solano Community College Facility Code: 11116505 The above student's Solano College Objective Type is: <input type="checkbox"/> Associate of Art <input type="checkbox"/> Associate of Science <input type="checkbox"/> Bachelor of Science	
SIGNATURE _____ DATE _____ VA School Certifying Official	