



# 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 <b>approved</b> by the VA Coordinator. <input type="checkbox"/> The above course(s) have been reviewed and <b>denied</b> by the VA Coordinator.	<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	
SIGNATURE _____ DATE _____ Amy Kennedy, VRC Coordinator and VA Certifying Official	