



AN HONORS UNIVERSITY IN MARYLAND

Training Centers

Certification Request Form

Name _____

Address _____

Telephone - Home _____

Telephone - Cell _____

Telephone - Work _____

Email _____

SSN _____

VA Education Benefit Program _____

Program _____

Course Start Date _____

Course End Date _____

I authorize the release of any information, including but not limited to information pertaining to my academic progress, attendance and conduct, between the United States Department of Veterans Affairs and UMBC Training Centers for the purposes of administering veterans' education program benefits.

I have enrolled in the above-indicated program or course and I will promptly report any enrollment changes. Failure to report changes may result in processing delays, over-payments or discontinuance of veterans' education program benefits. An "Incomplete" course may result in a retroactive adjustment in training time and or benefit payments. I will regularly attend class and meet the prescribed standards and conduct for all courses.

Date _____

Student Signature _____