

OUVA STUDENT RECORD FORM

Last name _____ First name _____ Middle name _____

Address _____
Street City State ZIP

Phone _____ Date _____

OU E-mail address _____ Alt E-mail address _____

REQUIRED INFORMATION

Grizzly ID number _____

First semester attended at OU _____ School/major _____

Transfer student? (Y or N) _____ If so, from where? _____

Have you received VA benefits before? (Y or N) _____ If so, from where? _____

Student status (UG, PB, GR, or PH) _____

VETERANS – ACTIVE DUTY OR VOC REHAB [CHAPTER 30, 31, 33]

Last 4 SSN _____

Branch of service _____

RESERVISTS/NATIONAL GUARD [CHAPTER 1606, CHAPTER 1607]

Last 4 SSN _____

Date of eligibility _____ Branch of service _____

DEPENDENT/SURVIVORS [CHAPTER 35]

Last 4 SSN _____

Claim number _____ Payee number _____ -A, B, C or W

Veteran's name _____ Veteran's branch of service _____

Veterans Support Services

Vandenberg Hall, Room 112
502 Meadow Brook Road
Rochester, MI 48309-4454

(248) 370-4010
(248) 370-4584 (fax)
veterans@oakland.edu