



## Parent School Letter Request Form

MPC Veterans Assistance Office, Counseling Department  
(831) 646-4025

### Student Information

Name:	Last four of SSN:	SID:
Address:		
Phone:	Email:	
Term to be certified: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 33 Vet <input type="checkbox"/> Ch 33 Dependent <input type="checkbox"/> Ch 35 <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Ch 1607 <input type="checkbox"/> VRAP (For dependents: <input type="checkbox"/> Spouse or <input type="checkbox"/> Child)	

### Guest School Information

Name of Guest School:	
VA Certifying Official:	Email:
Contact #:	Fax #:
School Address:	

### Courses

Courses Added (Ex. Engl 1A)	Units	Class Date Range	MPC Equivalent Course	Counselor Signature

#### \*\*\* Attach proof of registration

To the best of my knowledge, these courses are listed on my current Monterey Peninsula College Veterans Education Plan and a copy is in my file.

*I am aware that I must submit a copy of my registration form for my request to be processed. I understand that I must submit an official transcript to Monterey Peninsula College Admissions and Records Office immediately upon the completion of my course. INITIAL \_\_\_\_\_*

#### Parent Letter Delivery Method

I will pick up     Mail to me at above address     Mail to Guest College     Email/Fax to Guest College

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_  
VA Advisor Signature

\_\_\_\_\_  
Date Received

Parent School Letter Completed on (with initials): \_\_\_\_\_

Sent or  Picked Up On (With initials): \_\_\_\_\_