

OUVA STUDENT RECORD FORM

Last name _____ First name _____ Middle name _____

Address _____
Street City State ZIP

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____ Date _____

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? _____

Year of study (circle one) 1 2 3 4 5 Student status (circle one) UG PB GR PH

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

Social Security Number _____

Branch of service _____

RESERVISTS/NATIONAL GUARD [CHAPTER 1606, CHAPTER 1607]

Social Security Number _____ Date of eligibility _____

Branch of service _____

DEPENDENT/SURVIVORS [CHAPTER 35]

Dependent Social Security Number _____

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

Veteran's Social Security number _____ Veteran's branch of service _____



Veteran's Office

101A O'Dowd Hall
586 Pioneer Drive
Rochester, MI 48309-4401

(248) 370-4010
(248) 370-3461 (fax)
veterans@oakland.edu