

Campbellsville University  
Veteran's Education Benefits Tracking Form 2024-2025

Today's Date: \_\_\_\_\_ Semester to begin coursework: \_\_\_\_\_  
Full Name of Student: \_\_\_\_\_  
Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ CU ID#: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone # Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_  
Were benefits transferred to you?      NO      YES  
If yes, from? \_\_\_\_\_ Relation to you: \_\_\_\_\_

VA Chapter:      CH 33-Post 9/11 GI Bill®      Yellow Ribbon      CH 30-Montgomery Bill  
                         CH 31-Vocational Rehab      CH 1607 -Army Reserve      FRY  
                         CH 1606-Montgomery GI Bill® Selected Reserves  
                         CH 35-Survivors & Dependents\*

\*CH 35 Required: VA File# \_\_\_\_\_ Payee# \_\_\_\_\_

Qualifying Veteran's First & Last Name \_\_\_\_\_

Have you used benefits in the past?      NO      YES If Yes,where? \_\_\_\_\_

Colleges Attended: \_\_\_\_\_

Degree Seeking: Major: \_\_\_\_\_ Minor: \_\_\_\_\_

I acknowledge that I am responsible for notifying the Registrar's Office of any change in course schedule, program (major/minor), or contact information.

I also understand that as a current student receiving VA education benefits at Campbellsville University, the Registrar's Office will release needed information and/or documentation to the Veterans Administration. This includes and is not limited to class schedules, unofficial transcripts, billing information and also non-punitive grades. Former students must submit a signed request to release any records to VA.

I also acknowledge that the SCO, School Certifying Official, will be contacting my professors for information regarding non-punitive grades. I hereby give permission for the release of that information.

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

**Registrar's Office**  
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SCO [matherton@campbellsville.edu](mailto:matherton@campbellsville.edu)