

Office Use Only-Student Accounts

Received:

## **Refund Request-VA Benefits**

Return form to: University at Buffalo

Student Accounts

1 Campus Mail Center Buffalo, NY 14260 Phone: 716-645-1800 Fax: 716-645-7771

UBstudentaccounts@buffalo.edu

Date:

Student has requirested EN office to cortifi	\( \alpha \)				
Student has requested FA office to certify	/ VA Benefits (please check one):		Refund requested for:		
VA Ch.31 Benefits	VA Ch.33 Benefits	Fall	Spring	Summer	
Student eligibility for VA educational benefits in the student owing a balance to the universe awards will be billed to the student. If you religious for the student of th	sity as a result of this refund. Any amount of the equest this refund and your eligibility changes	owed after adju ges, then you w	stment of the	e financial aid	
Student Information					
Last Name:	First Name:			M.I	
UB Person Number:	Hom	Home Phone:			
Street Address:					
City:	State:	Zip Cod	de:		
UB Email Address:					
Certification and Signature					
I understand that by requesting this manual r benefits that I am currently eligible to receive for veteran's educational benefits and federa time if my veteran's benefits and/or financial the amount that is being refunded today.	. I understand that if I drop, add, resign, or s I student aid may be impacted. By signing t	stop attending o	course(s), my erstand that a	eligibility at a later	
Please note, refunds will be issued via direct or issued. Checks will be sent to the residence has breaks, refund checks will be mailed to the part to verify all address information is current.	all or local address listed in HUB while class	ses are in sessio	on. During ser	nester	
Student Signature:		Date	:		

Processed by: \_\_\_\_\_ Amount \$\_