



Student Information Sheet

All the information requested below is required to process your benefits. Failure to complete this form in its entirety may result in processing delays.

Please **TYPE** and return the completed form and other required documents to veterans@olemiss.edu.

Full Name:

SSN:

Phone #:

Student ID#:

Student Email:

Beneficiary Type:

Mailing Address:

Major:

Minor, if required:

Are you transferring from another school where you used VA Education Benefits?

If YES, what school?

Which VA Education Benefit are you using?

If you are using CH 31 Vocational Rehabilitation, please answer the following questions:

Are you enrolled at a VA Hospital?

VR&E Counselor's Name:

VR&E Counselor's Email:

If you are using CH 35 Dependent Education Assistance, please answer the following questions:

Parent SSN/File #:

Dependent's Payee #:

Please contact the VA at (888) 442-4551 if you are unsure of this information.

If you are transferring from another school where you used VA Education Benefits, have you submitted a "Change of Program/Place of Training" form (VA Form 22-1995 or 22-5495)?

Do you plan to enroll in ROTC and pursue a military commission?

Revised April 2025

The Office of Veteran & Military Services

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