



HONOLULU COMMUNITY COLLEGE - FINANCIAL AID OFFICE
 874 Dillingham Boulevard - Honolulu HI 96817

2009-2010 VA BENEFITS VERIFICATION FORM

Print Student's Last name, First MI

Social Security Number

I/We authorize the Veterans Affairs Regional Office (VARO) to release information pertaining to my/our VA benefits.

Student's Signature

File Number

TO BE COMPLETED BY THE VARO:

| Specify Type of Benefit | 2008 Calendar Year Total Paid | 2009-2010 Expected Number of Paid Months | 2009-2010 Expected Monthly Payments |
|----------------------------|-------------------------------------|---|--|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Comments: _____

VARO Certifying Official's Signature

Date

Print Name and Title

Telephone Number

VA Benefits Verification completed by the VARO:

Department of Veterans Affairs - Honolulu (271)
 Spark M. Matsunaga
 VA Regional Office
 P. O. Box 29040
 Honolulu, HI 96820-1440
 Phone: 1 (888) 442-4551
 Neighbor Islands toll free: 1 (800) 827-1000

Mail completed form to:
 Honolulu Community College
 Financial Aid Office
 Honolulu, HI 96817
 Phone: (808) 845-9116