



IVG REQUEST FORM

I, _____, student ID number, _____
LAST NAME, FIRST NAME

am requesting:

To utilize my IVG benefits beginning _____
SEMESTER

NOT to utilize my IVG as of _____
SEMESTER

This request will remain active until such time when I submit a written request to the Veteran Certifying Official, changing my IVG status.

SIGNATURE

DATE

FOR OFFICE USE ONLY	
Date Received:	Date FA Processed:
Date to FA:	Initials:

Financial Aid: Process student's request and return to Veteran Certifying Official
VCO: File in students record