

**NATIONAL UNIVERSITY**

**2008-2009**

Financial Aid Office  
11355 North Torrey Pines Road  
La Jolla, CA 92037-1011  
(858) 642-8500

**VOCATIONAL REHABILITATION VERIFICATION**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Federal and state regulations relative to student financial aid, mandate coordination and verification of all family financial and educational resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to sections 67-100-67147 of the California Education Code and the 1974 Family education Rights and Privacy Act.

**To be completed by the student before submitting to the Veterans Administration Regional office, or submit this form to your Vocational Rehabilitation Counselor or Case Manager.**

I authorize the appropriate office/agency to provide the information requested by the school listed above.

\_\_\_\_\_  
Case name under which benefits were paid      Case Number      Date of Birth

\_\_\_\_\_  
Signature of family member who received benefits      Social Security Number      Date

**Description of Benefits**

I am currently receiving the following benefit(s):

- Payment of Tuition and fees
- Monthly Subsistence Allowance
- Payment of Books and Supplies
- Monthly Compensation Benefit

**To be completed by the agency providing benefits.**

The person(s) named above received/receives no assistance from this agency.

Is the student **currently** receiving a monthly subsistence allowance?  Yes  No  
If yes, give the start date of the benefits: \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Is an allowance **currently** provided to cover tuition, fees, transportation, books and supplies?  Yes  No  
Itemize allowance(s) and give amount(s): (1) tuition allowance = \$ \_\_\_\_\_, (2) books and supplies allowance = \$ \_\_\_\_\_, (3) transportation and fees = \$ \_\_\_\_\_.

Did the student receive compensation benefits during the 2007 calendar year?  Yes  No  
If yes, please list the total amount received in 2007 (1/07 - 12/07) \$ \_\_\_\_\_

\_\_\_\_\_  
Agency Representative (type or print)      Title/Official position

\_\_\_\_\_  
Signature      Date      (\_\_\_\_\_) Telephone Number