



Shasta College

PARENT SCHOOL LETTER REQUEST FORM

Financial Aid & Veteran Services • 11555 Old Oregon Trail • Redding, CA 96049
Office: (530) 242-7701 • Fax: (530) 225-4987 • Email: jfisher@shastacollege.edu

Student Information			
Name		SSN (last 4 digits)	Student ID#
Address		City	State Zip
VA File # (Chapter 35 only)	Phone	Email	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
Veteran's Chapter: <input type="checkbox"/> 30 MGIB-AD <input type="checkbox"/> 31 Voc Rehab <input type="checkbox"/> 33 Post 9/11 <input type="checkbox"/> 1606 Reservist/Guard <input type="checkbox"/> 1607 REAP Activated Reservist/Guard OR			
Dependent's Chapter: <input type="checkbox"/> 33 Post 9/11 Transfer of Entitlement <input type="checkbox"/> 35 Dependent			

Secondary School Information			
Name of Secondary School			
School Address		City	State Zip Code
VA Certifying Official Name		Email	
Phone #		Fax #	

Courses to be Certified		
Course Name	Units	For Office Use Only

Signature	Date
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Attach proof of registration with this request and return to Financial Aid & Veterans Services.