

VETERAN SERVICES OFFICE- LONG BEACH CITY COLLEGE

EDUCATION DATA SHEET

Name: _____ SSN: _____

(If you are a CH35-Dependent of a Veteran, please complete the next lines for proper processing)

Veteran Name: _____

Veteran SSN: _____

Phone Number: _____ Email: _____

Branch of Service: _____ Dates of Service: _____

What is your intended educational goal (check all that apply):

AA/AS _____ Certificate _____ Transfer _____

Major: _____ Transfer College/University: _____

Did you attend any educational institution since leaving high school? _____ Yes _____ No
(This does not include college courses taken while in the military through educational programs.)

If yes, please list below:

Name of School*	City and State	Credits	Degree Earned

*Pursuant of the Department of Veterans Affairs, Title 38, Code of Federal Regulations, Sections 21.4253(d)(3) and 21.4254(c)(4), LBCC Veteran Services Office is required to have an official copy of your transcripts from any previous institution.

Signature: _____ Date: _____