

## OUVA STUDENT RECORD FORM

Last Name	First Name	Middle Name
Street Address	City, State	Zip Code
Home Phone	Work Phone	Cell Phone
E-Mail Address:		Date
<b>REQUIRED INFORMATION</b>		
OU ID #:		
First Semester Attended at OU	School/Major	
Transfer Student? (Y or N)	If so, from where?	
Have you received VA benefits before? (Y or N)		If so, from where?
Year of Study	1 2 3 4 5	Student Status: UG PB GR PH
Circle One		
<b>VETERANS – Active Duty or Voc Rehab [CHAPTER 30, 31]:</b>		
Social Security Number	Claim Number (if different from SSN)	
Branch of Service		
<b>RESERVISTS/NATIONAL GUARD [CHAPTER 1606, CHAPTER 1607]:</b>		
Social Security Number	Date of Eligibility	
Branch of Service		
<b>DEPENDENT/SURVIVORS [CHAPTER 35]:</b>		
Dependent Social Security Number	Claim Number-----	Payee Number - A, B, C or W
Veteran's Social Security Number	Veteran's Branch of Service	
rev. 09/2006-va		