



San Diego Community College District  
**Request for Primary School Letter**

Primary Campus: ☐ City ☐ Mesa ☐ Miramar Semester: ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ SSN/VA Number: \_\_\_\_\_  
(PRINT) Last First MI

Student ID Number: \_\_\_\_\_ Major: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VA Education Benefit Type**

☐ Post-9/11  
(Ch. 33)

☐ MGIB  
(Ch. 30)

☐ Reserves  
(Ch. 1606)

☐ VR&E  
(Ch. 31)

☐ DEA  
(Ch. 35)

**Secondary School Information (complete one form for each institution)**

Name of Institution: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ School Certifying Official Email Address: \_\_\_\_\_

Institution Address: \_\_\_\_\_  
Street City State Zip

Veteran's Affairs Telephone: \_\_\_\_\_

**Secondary Course Information (must attach course descriptions)**

Secondary School Subject/Number	# of Units	Start/End Dates	Evaluator/Counselor Comments (OFFICIAL USE ONLY)

\_\_\_\_\_ I understand all secondary school courses are subject to approval by the SDCCD Evaluations Office  
Initial and must be applicable to the Student Education Plan I have on file with my primary college Veterans Office.

\_\_\_\_\_ I understand upon completion of the courses listed on this Parent School Letter, I am required to send  
Initial all official transcripts by no later than **30 days** from completion to San Diego Community College District Office,  
at 3375 Camino Del Rio South, Room 100, San Diego, CA 92108.

\_\_\_\_\_ I understand failure to submit these official transcripts will result in delaying my future VA Education  
Initial Benefits within the SDCCD until these transcripts have been received and evaluated by the SDCCD  
Evaluations Office.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_