



Wis. Stats. Chapter 45

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS  
201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843  
(608) 266-1311 1-800-WIS-VETS (947-8387)

## RESIDENT VETERAN CERTIFICATION REQUEST / RELEASE

I hereby authorize the University of Wisconsin— \_\_\_\_\_ to obtain verification of my  
(Name of Campus)  
eligibility for Wisconsin State Veteran Benefits with the Wisconsin Department of Veterans Affairs.

\_\_\_\_\_  
Full Student Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Campus ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

I understand by signing this form that I must also apply to the Wisconsin Department of Veterans Affairs for determination of eligibility for veterans benefits either directly or through my County Veterans Service Office. I further understand that failure to apply will result in this form not being processed. I understand that I am providing my Student Campus ID number for purposes of communicating my identity with the University of Wisconsin.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Campus*

\_\_\_\_\_  
*UW-Campus Return Address*

\_\_\_\_\_  
*City, State and Zip Code*

**Student identification must be verified by (check one):**

- University of Wisconsin System  
 County Veterans Service Office  
 Wisconsin Department of Veterans Affairs

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Mail to: Wisconsin Department of Veterans Affairs  
Attention: Eligibility  
PO Box 7843  
Madison, WI 53707-7843