



## VA STOLE REQUEST FORM

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Purple Heart Recipient: Yes  No

Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

*\*\*Request will only be accepted during graduating semester\*\**

**I understand that my request will be rejected if I do not have a graduation application on file. I am responsible for providing the Office of Veteran Affairs with proof of honorable my military service.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

This form may be submitted via mail, email, fax, or in-person to:

Office of Veteran Affairs  
1001 Leadership Place  
Killeen, TX 76549  
Founder's Hall Suite 221  
P: 254.519.5423  
F: 254.519.5420  
Email: [va@tamuct.edu](mailto:va@tamuct.edu)