## GI Bill® Chapter 33 Post 9/11 Agreement

Name:			PRN:		
Address:					<u> </u>
City:	State:	Zip:	Phone:		_
covered by my VA edu	cational disbursementn	sible for any and all pay Ithe event I find I am no nderstand that I am resp	t eligible for Chapter	33 benefits or if I do r	not elect the
Initials If I am responsible for paying.	•	arrange payment with U t disbur	NE by the bill due da	ite for the amount I ar	n
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