



## Parent School Letter

This request is for classes taken in:

Term: \_\_\_\_\_ Year: \_\_\_\_\_

VA Chapter: \_\_\_\_\_

File Number: \_\_\_\_\_

Payee Number: \_\_\_\_\_

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

Palomar ID# \_\_\_\_\_ SSN: \_\_\_\_\_

Phone : \_\_\_\_\_

**Adrianne Garay-Lee, M.S.**

Director

Financial Aid/Scholarships/Veterans

[agaray-lee@palomar.edu](mailto:agaray-lee@palomar.edu)

(760) 744-1150 ext 2373

**Dr. Star Rivera-Lacey**

Superintendent/President

### Governing Board

Robert Rodriguez

Judy Patacsil

Michelle Rains

Jacqueline Kaiser

Cassandra Schaeg Student

Trustee: Reagan Barnum

## SECONDARY SCHOOL INFORMATION

Name of Secondary School: \_\_\_\_\_

Dept. & Course #	Course Title	EVALUATIONS DEPT ONLY	
		Palomar Equivalent (if applicable)	Program Applicable Yes/No

Only courses that are indicated above to be program applicable are authorized to be certified at the secondary school under Veterans education benefits.

**STUDENT MUST ATTACH A COPY OF PROOF OF ENROLLMENT  
IN SECONDARY/GUEST SCHOOL WITH THIS FORM.**

\*\*\*\*STUDENT\*\*\*\*

I understand that if I plan to certify my benefits with Palomar College after the above indicated semester, I will be responsible for submitting official transcripts that include the completed courses before I can certify. *Note:* A confirmation printout indicating you have requested the transcripts to be sent to Palomar College once your grades post will be sufficient.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### OFFICE USE ONLY

\_\_\_\_\_  
VA Declared Major

\_\_\_\_\_  
Ultimate Educational Goal  
(If applicable)

\_\_\_\_\_  
Evaluator Comments:

**Palomar Evaluator**

Signature/Date: \_\_\_\_\_

**Palomar Certifying Official**

Signature/Date: \_\_\_\_\_

1140 West Mission Road  
San Marcos, CA 92069-1487  
760/744-1150 or 760/727-7529  
[www.palomar.edu](http://www.palomar.edu)