



Title 38, U.S. Code 3675, 3676

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF HIGHER EDUCATION
OFFICE OF VETERANS EDUCATION
STATE APPROVING AGENCY
454 Broadway, Suite 200, Revere, MA 02151
(617) 391-6072 FAX (617) 727-0667

APPLICATION FOR LICENSING & CERTIFICATION APPROVAL SYSTEM (LACAS)
TESTING FEE REIMBURSEMENT (SAA)

Form with fields: Name of Applicant (First - Middle - Last), Social Security No., VA File No. (if different), Dependents must use VA File No. for proper payment of benefits, Mailing Address, Home Telephone No. (include area code), Work Telephone No. (include area code), Have you applied for VA benefits before? Yes No, Name of Test, Name and Address of the Organization Issuing the License, Date Test Taken, Cost of the Test.

I hereby authorize the release of my test information to the Department of Veterans Affairs.

Signature of Applicant

Date

Please return this form and a copy of your test results and exam fee receipt to:

U.S. Department of Veterans Affairs
VA Regional Office
P.O. Box 4616
Buffalo, NY 14240-4616