OMB Control No. 2900-0465 Respondent Burden: 1 Minute

DEPARTMENT OF VETERANS AFFAIRS			Department of Veterans Affairs				
				STUDENT V	/ERIFICATION	N OF	
			SEE 1	THE GENERAL IN	NFORMATION	ON REVERSE	
PAYEE ADDRESS		\	VA RETURN A	DDRESS			
		 INSTRU(	CTIONS				
You MUST complete Ite							
ITEM 1. Shows your en correct, check "YES". If	rollment as reported by you the information is not con	our school from the rrect, check "NO" a	date of yo and comple	ur last verification. te items 2A and 2B	If the informations.	on in this item is	
NOTE: The first date in shown may include norr	Item 1 is the first date to be mal breaks between school	be verified and may	y not be the terms.	beginning date of	your enrollment	period. Dates	
ITEMS 2A AND 2B. If in Item 1. If you are no while VA confirms your	you checked "NO" in Iten longer in school, show yo r status with the school.	n 1, complete these our last day of train	e items to sl ing in Item	now any changes in 2A and "ZERO" in	n your hours durin n Item 2B. Paym	ng the dates shown ent may be delayed	
1	ing date as reported by you	ur school. Notify y	you school	if this information i	is not correct.		
	ou must sign and date this		ne last date	shown in Item 1.			
1. I WAS ENROLLED FOR THE	FOLLOWING SINCE THE LAST	VERIFICATION:					
☐ YES ☐ NO	(If "No," complete Items 2A an	ad 2B. Notify your school	of the change.)				
2A. DATE OF CHANGE IN HOL	<u> </u>	<u> </u>		R OF HOURS AFTER CH	HANGE		
			(NOTIFY YOUR SCHOOL OFFICIAL OF THIS CHANGE)				
2 Vour school has reno	orted that you will continue	 _ training until					
-	immediately notify your s	-	ed ending d	ate.)			
	n above is true and correct to the best						
PENALTY - Willful false reports  4A. SIGNATURE OF STUDENT	concerning benefits payable by VA n	nay result in a fine, impriso	onment, or both	<u>.</u>	4B. DATE SIGNED		
		FOR VAIL	SE ONLY				
DATE ISSUED	TYPE OF TRAINING	FACILITY CODE	SE UNLT	BENEFIT	FILE NUI	MBER	
IMPORTAN PAYMENT CAN							
BE MADE UNTIL							
FORM HAS BE							
RECEIVED AI PROCESSED B							

FOR VA USE ONLY					
NAME AND ADDRESS OF SCHOOL	VA RETURN ADDRESS				
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## **GENERAL INFORMATION**

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE PROPER COMPLETION OF THIS FORM:

CALL 1-888-GIBILL-1 (1-888-442-4551) BEFORE COMPLETING THIS FORM

FOR INFORMATION ON VERIFYING YOUR ENROLLMENT, BY TELEPHONE OR INTERNET, SEE OUR EDUCATION HOME PAGE (WWW.GIBILL.VA.GOV)

See the Instructions and Complete all necessary items on the other side of this form.

## Mailing Instructions:

- Answer all necessary questions on the other side of this form.
- Sign your name in item 4A.
- Place the form in the enclosed envelope with the VA Return Address showing in the window.

## Caution

Your payment may be delayed if--

- You submit a photocopy of this form, or
- You send this form by fax (facsimile) machine.

## To Report a Change of Address

- Carefully line out your old address shown on the other side of this form.
- Print your new address (with the zip code) beside the old one.

**Direct Deposit of Education Funds** Direct deposit of your education benefits is now available for certain benefits. We should be adding direct deposit for additional benefits later. If you want information on how receive your education benefits sent by electronic funds transfer directly to your checking or saving account, call 1-877-838-2778 and get further information.

Respondent Burden: We need this information to determine your eligibility to education benefits (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA,EPA.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this information collection.

Privacy Act Notice: VA will not disclose information collected by this information to any source other than what has been authorized by the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, as published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is "required to obtain or retain benefits." Payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). Your responses are confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.