| | | | | | | Ke | espondent Burt | ien: 10 Minutes | | |
|---|---------------------|-------------------------------------|---------|-------------|---------------|---------------|----------------|-----------------|--|--|
| Department of Veterans Affairs DESIGNATION OF CERTIFYING OFFICIAL(S) | | | | | | | | | | |
| | | GENERAL INST | | | 1 | | | 1 1 | | |
| 1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment. | | | | | | | | | | |
| 2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information. | | | | | | | | | | |
| SPECIFIC INSTRUCTIONS | | | | | | | | | | |
| 1. Item 1: Enter the complete name and address of the school or training establishment. | | | | | | | | | | |
| Item 2: Enter the certifying official's telephone number. Item 3: Enter the certifying official's fax number. | | | | | | | | | | |
| 4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works. | | | | | | | | | | |
| 5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same | | | | | | | | | | |
| line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed. | | | | | | | | | | |
| 6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample. | | | | | | | | | | |
| 7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks. | | | | | | | | | | |
| 8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher. | | | | | | | | | | |
| PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs. | | | | | | | | | | |
| 1. NAME AND ADDRESS OF SCHOO |)L OR TRAINING ESTA | BLISHMENT (Include ZIP Cod | de) | | | | | | | |
| FOR VA USE ONLY | | | | | | | | | | |
| | | | | | | | | | | |
| 2. TELEPHONE NUMBER(S) OF CER | TIFYING OFFICIAL(S) | (Include Area Code) | 3 | . FAX NUMBE | R OF CERTIFYI | NG OFFICIAL(S | S) (Include Ar | ea Code) | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 4. E-MAIL ADDRESS OF CERTIFYING | GOFFICIAL(S) | | • | | | | | | | |
| | | | | | | | | | | |
| | | | 71410 | | | | | | | |
| 5. THE FOLLOWING A A. OFFICIALS DESIGNATED TO | | AS CERTIFYING OFFIC | | | | | | HMENT | | |
| CERTIFICATIONS OF DELIVER | Y OF ADVANCE PAY | YMENTS, CERTIFICATION | IS OF I | PURSUIT, A | TTENDANCE, I | FLIGHT TRAI | | | | |
| NO. NAME | HIP TRAINING (AS | APPLICABLE), OTHER CERTIFICATIONS O | | | SIGNATURE | | | | | |
| (1) | | IIILE | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| B. THE USE OF THE FOLLOWIN | NG FACSIMILE (e.g. | rubber stamp) SIGNATURE | S FOR | THE OFFIC | LALS LISTED I | N ITFM 54 AF | BOVE ARE A | | | |
| | | | | | | | | | | |
| (1) | | | (2) | | | | | | | |
| | | | | | | | | | | |
| (3) | | | (4) | | | | | | | |
| | | | | | | | | | | |

| 5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL | | | | | | | | | |
|--|--|--|-------------------------------|----------------------|--|--|--|--|--|
| OR TRAINING ESTABLISHMENT (Continued) C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF | | | | | | | | | |
| VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE: | | | | | | | | | |
| NO. | NAME | TITLE | SIG | GNATURE | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| 6. RE | MARKS | | | | | | | | |
| | | | | | | | | | |
| | hereby certified that the Department of Veterans Af SNATURE AND TITLE OF DESIGNATING OFFICIAL | fairs will be notified of any changes in the designati | ons shown on this form as | 8. DATE | | | | | |
| | | | | | | | | | |
| PEN | JALTY - The law provides that whoever makes any s | tatement of a material fact knowing it to be false sha | all be punished by fine or in | mprisonment or both. | | | | | |
| PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under 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, and published in the Federal Register. An example of a routine use (e.g., VA sends 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 education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others is subject to verification through computer matching programs with other agencies. | | | | | | | | | |
| RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when | | | | | | | | | |

RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (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 10 minutes 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/library/omb/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 form.