



File Number:

Name of Student:

Birth Date of Student:

Because we are paying Department of Veterans Affairs benefits based on your report that the student named above is attending school, we ask that you verify the student's school attendance for this school year. Please answer the questions below, sign and date the form, and return it within 60 days to the VA office address shown above. Otherwise, benefits based upon the student's school attendance will be discontinued.

DEPARTMENT OF VETERANS AFFAIRS

OMB Approved No. 2900-0458
Respondent Burden: 10 minutes

CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION
1. IS THE STUDENT NOW IN SCHOOL?
2. HAS THE STUDENT ATTENDED SCHOOL FROM THE OFFICIAL BEGINNING DATE OF THE SCHOOL YEAR?
3. IS THE STUDENT MARRIED?
4. NAME OF LAST SCHOOL ATTENDED
5. HAS THE STUDENT ATTENDED ANY OTHER SCHOOL(S) THIS YEAR?
6. WHEN DOES THE STUDENT EXPECT TO GRADUATE OR OTHERWISE TERMINATE THE COURSE OF STUDY?
NOTE: The student should sign this form only if the student is receiving benefits in his or her own right.
I agree to notify the Department of Veterans Affairs immediately of any changes in this course of education...
I CERTIFY THAT the information provided is true and correct to the best of my knowledge and belief.
7. SIGNATURE
8. RELATIONSHIP TO STUDENT
9. DATE SIGNED
10. DAYTIME PHONE NUMBER
11. EVENING PHONE NUMBER
PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized...
RESPONDENT BURDEN: We need this information to determine continued eligibility to benefits for a veteran's child...
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.