



STUDENT BENEFICIARY REPORT - REPS (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS)

PRIVACY ACT NOTICE: The 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 5, Code of Federal Regulations 1.526 for routine uses (i.e., (Routine Uses 1 through 63) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. No benefits may be granted unless this form is completed fully as required by law (38 U.S.C. 5101). Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information in order to determine your continued eligibility for REPS payments as a student beneficiary. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION I - STUDENT IDENTIFICATION

1A. NAME AND ADDRESS OF STUDENT (First, middle, last name)	1B. VETERAN/WAGE EARNER'S SOCIAL SECURITY NO.
(If different from above, furnish current address)	1C. STUDENT'S SOCIAL SECURITY NO.
	2. PERIOD OF ATTENDANCE
	A. BEGINNING DATE (Month, day, year) B. ENDING DATE (Month, day, year)

INSTRUCTIONS: STUDENTS - You must complete Section II, Student Certification, and have a school official verify your attendance. **SCHOOL OFFICIALS** - Please complete Section III, School Official Certification, and return it promptly as failure to do so will result in suspension of the student's benefit payment. This form should be returned to the VA REGIONAL OFFICE (331/21Q), 400 SOUTH 18TH STREET, ST. LOUIS, MO 63103-2271. (NOTE: DO NOT USE "NA" OR "UNKNOWN" IN ITEMS REQUIRING COMPLETION.) **IMPORTANT** - THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT.

SECTION II - STUDENT CERTIFICATION

3. NAME OF SCHOOL YOU ATTENDED DURING PERIOD(S) SHOWN IN ITEM 2	4A. HAVE YOU ATTENDED SCHOOL ON A FULL-TIME BASIS FOR PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Item 5)	5. LIST DATES OF FULL-TIME ATTENDANCE IF DIFFERENT FROM ITEM 2 (Month, day, year)
4B. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER		
6. WILL YOU CONTINUE SCHOOL ON A FULL-TIME BASIS AFTER THE END OF THE PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 7)	7. DATES OF YOUR NEXT SCHOOL YEAR	
	A. BEGINNING DATE (Month, day, year)	B. ENDING DATE (Month, day, year)
8A. WILL YOU ATTEND THE SCHOOL SHOWN IN ITEM 3? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 8B thru 8D)	8B. NAME AND ADDRESS OF NEW SCHOOL	8C. TYPE OF NEW SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TECHNICAL, TRADE OR VOCATIONAL <input type="checkbox"/> OTHER (Specify)
8D. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER		
9. EARNINGS/WAGES RECEIVED FOR PRIOR YEAR (ENTER DOLLAR AMOUNT OR "NONE")	10A. EARNINGS EXPECTED THIS YEAR (ENTER DOLLAR AMOUNT OR "NONE")	10B. EARNINGS EXPECTED NEXT YEAR (ENTER DOLLAR AMOUNT OR "NONE")
YEAR AMOUNT \$	YEAR AMOUNT \$	YEAR AMOUNT \$
11. HAVE YOU OR WILL YOU BE PAID BY YOUR EMPLOYER FOR ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	12A. HAVE YOU EVER BEEN MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 12B)	12B. DATE(S) OF MARRIAGE (Month, day, year)

IMPORTANT: IT IS YOUR DUTY TO REPORT ANY CHANGE IN STATUS. You must notify the VA immediately of any change in school enrollment, marital or work status, as benefits may be affected.

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF CLAIMANT	13B. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	13C. DATE SIGNED (Month, day, year)
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SECTION III - SCHOOL OFFICIAL CERTIFICATION

14. HAS THE STUDENT MAINTAINED FULL-TIME STATUS BY THE SCHOOL'S STANDARDS DURING THE ENTIRE PERIOD SHOWN IN ITEM 2? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Item 15)	15A. LIST DATES OF FULL-TIME ATTENDANCE, INCLUDING LAST DATE OF FULL-TIME ATTENDANCE WHEN A COURSE WITHDRAWAL IS INVOLVED	
	15B. IF TERM CLAIMED IN ITEM 7 HAS BEGUN, IS STUDENT STILL FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16A. NAME OF SCHOOL	16C. TYPE OF SCHOOL <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> TECHNICAL, TRADE OR VOCATIONAL <input type="checkbox"/> OTHER	17. ENTER CLOCK HOURS ATTENDED PER WEEK IF NOT A DEGREE GRANTING PROGRAM
16B. TELEPHONE NUMBER OF SCHOOL OFFICIAL (Include Area Code)	16D. TYPE OF DEGREE <input type="checkbox"/> GRAD <input type="checkbox"/> UNDERGRAD <input type="checkbox"/> OTHER	
18A. SIGNATURE AND TITLE OF SCHOOL OFFICIAL		18B. DATE SIGNED (Month, day, year)

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 to be false or for the fraudulent acceptance of any payment to which you are not entitled.