OMB Control No. 2900-0399 Respondent Burden: 20 Minutes

		②	Department of Veterar	ıs Af	fairs			
		(RI	STUDENT BENI ESTORED ENTITLEM	EFIC ENT	CIARY I	REPO	ORT - REPS I FOR SURVIVORS)	
		SECTION I - STUDENT IDENTIFICATION						
	1		ERAN/WAGE EARNER'S IAL SECURITY NO.				S SOCIAL SECURITY NO.	
	F			יוחם כ	OF ATTEN	IDANC	<u>·</u>	
	7	A. BEGI	NNING DATE (Month, day, year)	100			TE (Month, day, year)	
A.NAME AND ADDRESS OF STUDENT(First-middle-last n (If different from above, furnish current address.)							X	
		IN	STRUCTIONS					
NOTE: DO NOT USE "NA" OR "UNKNOWN" IN IT STUDENTS: You must complete Section II, Student SCHOOL OFFICIALS: Please complete Section II student's benefit payment. This form should be 63103-2271. IMPORTANT: THIS FORM SHOULD NOT BE RE-	nt Certification II, School Of returned to	JIRING on, and fficial C the V	COMPLETION. d have a school official verify you Certification, and return it prom A REGIONAL OFFICE (331/2)	ptly as	s failure to	do so		
			TUDENT CERTIFICATION					
. 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? 5. LIST DATES OF FULL-TIME ATTENDANCE IF DIFFERENT FROM ITEM 2 (Month, day, year)							
<u> L</u> 4B.	YES []	•	f "No," complete Item 5)			4		
	GRAD TUNDERGRAD TOTHER							
. WILL YOU CONTINUE SCHOOL ON A FULL-TIME BASIS			7. DATES C	OOL YEAR				
AFTER THE END OF THE PERIOD SHOWN IN ITEM 2? YES NO (If "Yes," complete Item 7)			A. BEGINNING DATE (Month, day, year) B. ENDING DATE (Month, day, year)					
A. WILL YOU ATTEND THE SCHOOL SHOWN IN ITEM 3? YES NO (If "No," complete Items 8B thru 8D) D. TYPE OF DEGREE GRAD UNDERGRAD OTHER			SCHOOL CO			E OF NEW SCHOOL LLEGE OR UNIVERSITY CHNICAL, TRADE OR VOCATIONAL HER (Specify)		
EARNINGS/WAGES RECEIVED FOR PRIOR YEAR (ENTER DOLLAR AMOUNT OR "NONE")			XPECTED THIS YEAR .AR AMOUNT OR "NONE")	10E	B. EARNING	GS EXPI	ECTED NEXT YEAR R AMOUNT OR "NONE")	
YEAR AMOUNT	YEAR		AMOUNT AMOUNT	士	YEAR AMOUNT			
\$		_	\$				\$	
1. HAVE YOU OR WILL YOU BE PAID BY YOUR EMPLOYER FOR ATTENDING SCHOOL?	12A. HAVE		VER BEEN MARRIED? O (If "Yes," complete Item 12B)	12E	12B. DATE(S) OF MARRIAGE (Month, day, year)			
IMPORTANT: IT IS YOUR DUTY TO It change in school enrollment, marital or work	REPORT A	ANY	CHANGE IN STATUS.	You	must not	tify the	e VA immediately of any	
I CERTIFY THAT the previous statements a						f <u>.</u>		
3A. SIGNATURE OF CLAIMANT	13B. CLAIM	ĀNT'S T	TELEPHONE NUMBER (Include Are	ea Code)	I3C. DA	ATE SIGNED (Month, day, year)	
			OL OFFICIAL CERTIFIC			·		
4. HAS THE STUDENT MAINTAINED FULL-TIME STATUS BY THE SCHOOL'S STANDARDS DURING THE ENTIRE PERIOD SHOWN IN ITEM 2? (AT LEAST 20 CLOCK HOURS IS CONSIDERED FULL-TIME FOR NON-COLLEGE DEGREE)	,	ATTENI	ATES OF FULL-TIME ATTENDANG DANCE WHEN A COURSE WITHD M CLAIMED IN ITEM 7 HAS BEGU	DRÁWA	AL IS INVOL	LVED		
YES NO (If "No," complete Item 15)		YES	NO	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,, <u>,,</u>	JEE 11	
6A. NAME OF SCHOOL 6B. TELEPHONE NUMBER OF SCHOOL OFFICIAL	COLI	PE OF SCHOOL OLLEGE OR TECHNICAL, TRADE OTHER ON VOCATIONAL OTHER 17. ENTER CLOCK HOURS ATTENDED PER WEEK IF NOT A DEGREE GRANTING PROGRAM						
(Include Area Code)	GRA		UNDERGRAD OTHER					
8A. SIGNATURE AND TITLE OF SCHOOL OFFICIAL				1	.8B. DATE	SIGNED	O (Month, day, year)	
PENALTY: The law provides severe penalties which include f for the fraudulent acceptance of any payment to which you are	ine or imprisor not entitled.	iment or	both for the willful submission of any	/ statem	ent or evide	nce of a	material fact, knowing it to be false or	

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.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.