					Respond	lent Burden: 1 Minute	
DEPARTMENT OF VETERANS A	AFFAIRS			artment of Vete	vane Affaire		
			CC Depa				
					VERIFICATION	IOF	
		-		ENF	ROLLMENT		
			SEE T	HE GENERAL I	NFORMATION	ON REVERSE	
PAYEE ADDRESS		V	/A RETURN A	DDRESS			
		INSTRUC	CTIONS				
You MUST complete Ite	ems 1 and 4.						
ITEM 1. Shows your enrollment as reported by your school from the date of your last verification. If the information in this item is correct, check "YES". If the information is not correct, check "NO" and complete items 2A and 2B.							
correct, check "YES". If	the information is not cor	rect, check "NO" a	and comple	te items 2A and 2I	В.		
NOTE: The first date in Item 1 is the first date to be verified and may not be the beginning date of your enrollment period. Dates shown may include normal breaks between school terms and within terms.							
ITEMS 2A AND 2B. If you checked "NO" in Item 1, complete these items to show any changes in your hours during the dates shown							
ITEMS 2A AND 2B. If you checked "NO" in Item 1, complete these items to show any changes in your hours during the dates shown in Item 1. If you are no longer in school, show your last day of training in Item 2A and "ZERO" in Item 2B. Payment may be delayed while VA confirms your status with the school.							
ITEM 3. Shows the ending date as reported by your school. Notify you school if this information is not correct.							
ITEMS 4A AND 4B. You must sign and date this form on or after the last date shown in Item 1.							
1. I WAS ENROLLED FOR THE FOLLOWING SINCE THE LAST VERIFICATION:							
VES NO (If "No," complete Items 2A and 2B. Notify your school of the change.)							
2A. DATE OF CHANGE IN HOURS							
2A. DATE OF CHANGE IN HOURS				2B. NUMBER OF HOURS AFTER CHANGE			
				(NOTIFY YOUR SCHOOL OFFICIAL OF THIS CHANGE)			
						- /	
3. Your school has repo	rted that you will continue	e training until					
(If this date is incorrect, immediately notify your school of the revised ending date.)							
I CERTIFY THAT the information	above is true and correct to the best	of my knowledge and beli	ief.				
PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both.							
4A. SIGNATURE OF STUDENT					4B. DATE SIGNED		
		FOR VA U	SE ONLY				
DATE ISSUED	TYPE OF TRAINING	FACILITY CODE		BENEFIT	FILE NUN	1BER	
IMPORTAN ⁻	r I				1		
PAYMENT CAN							
BE MADE UNTIL							
FORM HAS BE							
RECEIVED A							
PROCESSED B							
VA FORM			0.0070 0.0T	2000		-	

NAME AND ADDRESS OF SCHOOL

FOR VA USE ONLY

VA RETURN ADDRESS

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) <u>BEFORE</u> 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 Instructionso--

- 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 collection 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 forms developed 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.