



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 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 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?
7. HAS THE STUDENT BEGUN RECEIVING OR APPLIED FOR VA DEPENDENTS' EDUCATIONAL ASSISTANCE (DEA)...
8. SIGNATURE
9. RELATIONSHIP TO STUDENT
10. DATE SIGNED
11. DAYTIME PHONE NUMBER
12. EVENING PHONE NUMBER
13. E-MAIL ADDRESS
PRIVACY ACT NOTICE
RESPONDENT BURDEN
PENALTY