| <b>V2</b> Department of Veterans Affair                                                                                                                                                                                                                                                              | s CERTI                                                                                          | FICATION O                                                                            | F SCHO                                                                                                                                         | OL ATT                                                                                                                                                                                                                                                                                                          | ENDANCE -                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REPS                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMPORTANT: The certification is requested<br>are not required to respond, your cooperation in<br>returned to the VA Regional Office (21Q), 40                                                                                                                                                        | n promptly comple                                                                                | ting and returning                                                                    | g this form                                                                                                                                    | mine entitle<br>will be app                                                                                                                                                                                                                                                                                     | ement to benefits reciated. The for                                                                                                                                                                                                                                                                                                                                                                                                                                      | . While you<br>m should be                                                                                                                                                                                                                                                                                                                                                  |
| 1. NAME AND ADDRESS OF SCHOOL<br>•                                                                                                                                                                                                                                                                   |                                                                                                  |                                                                                       | collec<br>author<br>for m<br>studie<br>litigat<br>the ad<br>verific<br>as idd<br>Comp<br>Rehab<br>Federa<br>or ret<br>releva<br>law. T<br>S.C. | ted on this forn<br>rized under the<br>outine uses (i<br>essional comm<br>s, the collectic<br>ion in which the<br>liministration of<br>ration of identifi<br>entified in the<br>ensation, Pe<br>bilitation and Er<br>al Register. You<br>ain benefits.<br>Int and necessar<br>he responses you<br>5701). Inform | The VA will not of<br>m to any source other<br>Privacy Act of 1974 or<br>.e., civil or criminal<br>unications, epidemiole<br>on of money owed to<br>e United States is a part<br>VA programs and deliv<br>fy and status, and perso<br>VA system of recor-<br>nsion, Education,<br>mployment Records - V<br>or obligation to respond<br>The requested inform<br>y to determine maximum<br>ou submit are considered<br>lation submitted is sub-<br>tching programs with ot | than what has been<br>Title 38, CFR 1.576<br>law enforcement,<br>ogical or research<br>the United States,<br>y or has an interest,<br>very of VA benefits,<br>nnel administration)<br>ds, 58VA21/22/28,<br>and Vocational<br>'A, published in the<br>is required to obtain<br>ation is considered<br>n benefits under the<br>l confidential (38 U.<br>oject to verification |
| NOTE: REPS represents the Restored Entitler<br>2. VETERAN'S/WAGE EARNER'S SOCIAL<br>SECURITY NUMBER                                                                                                                                                                                                  | 3. STUDENT'S NAM                                                                                 |                                                                                       |                                                                                                                                                | 4. STUDEN                                                                                                                                                                                                                                                                                                       | T'S SOCIAL SECU                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RITY NUMBER                                                                                                                                                                                                                                                                                                                                                                 |
| COMPLETE ALL ITEMS BELOW                                                                                                                                                                                                                                                                             | · [                                                                                              |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | ENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                             |
| GIVING INFORMATION ONLY<br>FOR THE PERIOD INDICATED                                                                                                                                                                                                                                                  |                                                                                                  | A. FROM (Month, day, year)                                                            |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | B. TO (Month, day, year)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                      | STUDENT C                                                                                        | CERTIFICATION                                                                         | N                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| 6. DURING THE PERIOD SHOWN IN ITEM 5:<br>A. 🗌 I AM ATTENDING FULL-TIME D. 🗌 I ATTE                                                                                                                                                                                                                   |                                                                                                  | 6E. DATES OF FULL-TIME ATTENDANCE INDICATED IN ITEM 6D                                |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | N ITEM 6D                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                             |
| B. I AM NOT ATTENDING                                                                                                                                                                                                                                                                                |                                                                                                  | FROM (Month, day, year)                                                               |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | TO (Month, day, year)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
| C. ☐ I DID NOT ATTEND                                                                                                                                                                                                                                                                                |                                                                                                  |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| I CERTIFY THAT the foregoing statement is                                                                                                                                                                                                                                                            | true and correct to                                                                              | the best of my kn                                                                     | owledge ar                                                                                                                                     | nd belief                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| 7A. SIGNATURE OF STUDENT                                                                                                                                                                                                                                                                             |                                                                                                  |                                                                                       | -                                                                                                                                              |                                                                                                                                                                                                                                                                                                                 | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                             |
| CERTIFICATION BY SCHOOL OFFICIAL           8. IS THE STUDENT ENROLLED IN FULL-TIME STATUS ACCORDING TO THE SCHOOL'S STANDARDS AND PRACTICES FOR THE PERIOD                                                                                                                                           |                                                                                                  |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| SHOWN IN ITEM 5? (For evening students, use the sa                                                                                                                                                                                                                                                   |                                                                                                  | 1 , 1 , 1 , \                                                                         | STANDARD                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FERIOD                                                                                                                                                                                                                                                                                                                                                                      |
| 9 ENTER BEGINNING AND ENDING                                                                                                                                                                                                                                                                         | O THE                                                                                            | A. FROM (Month, day, year)                                                            |                                                                                                                                                | ar) B. TO (M                                                                                                                                                                                                                                                                                                    | onth, day, year)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                             |
| 9. ENTER BEGINNING AND ENDING<br>PRESENT) OF STUDENT'S FULL-TIME<br>"NONE") (If more space is needed, enter add<br>12, Remarks, and key answers to item number                                                                                                                                       | e, enter<br>in Item                                                                              |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| 10. TYPE OF SCHOOL UNIVERSITY UNDERGRADUATE COLLEGE OR UNIVERSITY UNDERGRADUATE                                                                                                                                                                                                                      |                                                                                                  |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| TO BE COMPLETED BY ALL SCHOOLS<br>EXCEPT JUNIOR COLLEGES,<br>COLLEGES OR UNIVERSITIES                                                                                                                                                                                                                |                                                                                                  |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| 12. REMARKS                                                                                                                                                                                                                                                                                          | <b>I</b>                                                                                         |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Respondent Burden:</b> This information is needed to help determine<br>information. We estimate that you will need an average of 15 minut<br>information unless a valid OMB control number is displayed. You a<br>located on the OMB Internet Page at <u>www.reginfo.gov/public/do/F</u><br>form. | es to review the instruction<br>are not required to respond<br><b>PAMain.</b> If desired, you of | ns, find the information as<br>to a collection of informa-<br>can call 1-800-827-1000 | nd complete this<br>ation if this num<br>to get informatio                                                                                     | s form. VA canr<br>iber is not displa<br>on on where to s                                                                                                                                                                                                                                                       | not conduct or sponsor a ayed. Valid OMB contro                                                                                                                                                                                                                                                                                                                                                                                                                          | collection of<br>l numbers can be                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                 | E NO. 13C. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                      | XISTING STOCKS OF V<br>/ILL BE USED.                                                             | /A FORM 21-8926, OC                                                                   | CT 2004,                                                                                                                                       |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                             |