Department of Veterans Affairs	ent of Veterans Affairs DESIGNATION OF CERTIFYING OFFICIAL(S)										
1. This form MUST ONLY be completed by a re training establishment.	GENERAL INSTR	-		o designate o	certify	ring of	fficial	ls for	the scl	hool	or
2. This form must be completed whenever there certifying officials, not just the changed informat		e inf	formation.	Include the	name	s, title	es, and	d sigr	natures	s of a	ıll
SPECIFIC INSTRUCTIONS											
1. Item 1: Enter the complete name and address of the school or training establishment.											
2. Item 2: Enter the certifying official's telephone number.											
 Item 3: Enter the certifying official's fax number. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the 											
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.											
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line											
as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use									Jse		
space below if needed. 6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block.									ock.		
In addition, have the individual initial next to the sample.											
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.											
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.											
	d signatures of those indivi	idua	ls who are a	uthorized to a	ertify	enroll	ment i	inform	nation t	o the	
PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.											
1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)											
					FC	DR V	'A U	ISE	ONL	Y	
					1	1					1
2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (1	Include Area Code)	3	. FAX NUMBE	ER OF CERTIF	<u>I</u> YING O	FFICIA	L(S) (I)	nclude	Area C	ode)	
4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)											
5. THE FOLLOWING ARE DESIGNAT	ED AS CERTIEVING OFFICIA	ISC)F THIS SCH(ING ES	TABLIS	SHMEN	 \T			
A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CER									OF DEL	IVER	YOF
ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATT CERTIFICATIONS OF ENROLLMENT ARE:	ENDANCE, FLIGHT TRAINING	g, on	1-THE-JOB O	R APPRENTICI	ESHIP	TRAIN	NG (A	S APPI	LICABLE	E), OT	HER
NO. NAME	TITLE					SIG	NATUR	۱E.			
(1)											
(2)											
(3)											
(4)											
B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber sta	amp) SIGNATURES FOR THE	OFF	ICIALS LISTE	D IN ITEM 5A	ABOVE	ARE A	UTHO	RIZED.			
(1)	((2)									
(3)	((4)									

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT (Continued)							
C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE, ARE:							
NO.	NAME	TITLE	SIG	SNATURE			
(1)							
(2)							
(3)							
6. RE	EMARKS						
	acknowledged that each of the individuals designated						
	ted access to VA's certification system. It is hereby c	ertified that the Department of Veterans Affairs will	l be notified of any change	es in the designations shown on			
	form as they occur.						
7. SI	GNATURE AND TITLE OF DESIGNATING OFFICIAL			8. DATE			
PEN	JALTY - The law provides that whoever makes any s	tatement of a material fact knowing it to be false sha	ll be punished by fine or in	nprisonment or both			
			1 1				
PRIVACY ACT NOTICE: 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 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28,							
Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. An example							
of a routine use (e.g., VA sends 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 education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law							
	U.S.C. 3680(g)). The responses you submit are		ny information provide	d by applicants, recipients,			
and	others is subject to verification through comput	er matching programs with other agencies.					
	SPONDENT BURDEN: We need this informa						
reporting pursuit of training for veterans and other eligible persons (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 10 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							
	ection of information if this number is not disp						
gov	/public/do/PRAMain. If desired, you can call 1-	•888-GI-BILL-1 (1-888-442-4551) to get inform	mation on where to send	u comments or suggestions			

VA FORM 22-8794, MAY 2011

about this form.