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|  |  **DEPARTMENT OF VETERANS AFFAIRS** **Veterans Benefits Administration** **Washington, D.C. 20420** |

PIN: XXXXXXXX

Dear [NAME],

Thank you for participating in the Chapter 33 Education Longitudinal Survey. Your participation is very important since this study will allow us to assess and continually improve the services provided by the Post-9/11 GI Bill (Chapter 33) Program. The results of this study may benefit other Veterans (and their dependents) who participate in the Post-9/11 GI Bill Program in the future.

We would like to contact you again to find out more about your participation in the program, recent employment or educational experiences, and any recent visits to medical facilities. Similar to last year, the survey will take between 15 and 20 minutes to complete.

I hope you will agree to continue participating in this very important survey. Your participation will assist current and future Veterans (and their dependents) utilizing Post-9/11 GI Bill benefits to receive the highest quality and most comprehensive services possible.

If there has been any change to your mailing address, telephone number, or email address, please let us know by filling in your contact information on the enclosed postage-paid postcard, and returning that to us. You can also update your contact information by sending an email to admin@vaedusurvey.org.

If you have any questions about this survey or any questions about your rights as a study participant, please contact us at 1-888-XXX.XXXX.

Sincerely,

Keith M. Wilson

Director

Education

Attachments:

Return Post Card for Updated Contact Information

Return Post Card for Updated Contact Information:

 PIN: XXXXXXXX

Name: {PRE-FILL WITH VETERAN’S FIRST AND LAST NAME}

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_