

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 Control No. 2900-0458
Respondent Burden: 10 minutes
Expiration Date: XXXXXX

CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION		
<p>1. IS THE STUDENT NOW IN SCHOOL?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," do NOT complete Items 2 and 4. Give the date and reason school attendance terminated) ▶</i></p>		
<p>2. HAS THE STUDENT ATTENDED SCHOOL FROM THE OFFICIAL BEGINNING OF THE SCHOOL YEAR?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," enter the inclusive dates of the student's school attendance) ▶</i></p>		<p>3. IS THE STUDENT MARRIED? <i>(If, "YES," give the date)</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. NAME OF LAST SCHOOL ATTENDED</p>	<p>5. HAS THE STUDENT ATTENDED ANY OTHER SCHOOL (S) THIS YEAR?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>6. WHEN DOES THE STUDENT EXPECT TO GRADUATE OR OTHERWISE TERMINATE THE COURSE OF STUDY? <i>(Give date)</i></p>
<p>7. HASTHE STUDENT BEGUN RECEIVING OR APPLIED FOR VA DEPENDENTS' EDUCATIONAL ASSISTANCE (DEA), FEDERAL EMPLOYEES' COMPENSATION ACT PAYMENTS, OR BENEFITS FROM ANY OTHER FEDERAL AGENCY SUCH AS THE U.S. SERVICE ACADEMY, U.S. MERCHANT MARINE ACADEMY, BUREAU OF INDIAN AFFAIRS, ETC., THAT IS OR WILL BEGIN TO PAY THE STUDENT'S TUITION?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: Concurrent receipt of DEA benefits by the student and additional compensation payments based on that student's school attendance is considered a duplication of benefits and is prohibited)</p>		
<p>NOTE: The student should sign this form only if the student is receiving benefits in his or her own right. Otherwise, the parent, guardian, or custodian should sign in Item 8 and enter his or her relationship to the student in Item 9.</p>		
<p>I AGREE to notify the Department of Veterans Affairs immediately of any changes in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that continued entitlement to school attendance benefits may be based on the information I have furnished on this form. Any benefits allowed due to this certification will be discontinued if the student marries or leaves school, or upon the death of the student.</p>		
<p>I CERTIFY THAT the information provided is true and correct to the best of my knowledge and belief.</p>		
<p>8. SIGNATURE</p>	<p>9. RELATIONSHIP TO STUDENT</p>	<p>10. DATE SIGNED</p>
<p>11. DAYTIME PHONE NUMBER <i>(Include Area Code)</i></p>	<p>12. EVENING PHONE NUMBER <i>(Include Area Code)</i></p>	<p>13. E-MAIL ADDRESS <i>(If Applicable)</i></p>
<p>PRIVACY ACT NOTICE: The 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 (i.e., civil or criminal law enforcement, congressional communications, epidemiological ore research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p>		
<p>RESPONDENT BURDEN: We need this information to determine continued eligibility to benefits for a veteran's child who is over age 18 and attending school (38 U.S.C.). 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 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>		
<p>PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or fraudulent acceptance of any payment to which you are not entitled.</p>		