Department of
Veterans Affairs

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



