OMB Approved No. 2900-0465 Respondent Burden: 1 Minute Expiration Date: XX/XX/XXXX

DEPARTMENT OF VETERANS AFFAIRS			Department of Veterans Affairs				
				DENT V		ATION OF	
			SEE THE C	SENERAL IN	NFORMAT	ION ON REVERSE	
PAYEE ADDRESS			VA RETURN ADI	DRESS			
INSTRUCTIONS							
You MUST complete Items	1 and 4.						
ITEM 1 - Shows your enrollr "YES". If the information is <i>I</i>	nent as reported by your scl not correct, check "NO" and	nool from the date of complete Items 2A	of your last verification and 2B.	n. If the informa	ation in this ite	em is correct, check	
NOTE: The first date in Item normal breaks between sch	1 is the first date to be veriful to the terms and within terms.	fied and may not be	the beginning date of	of your enrollme	ent period. Da	ates shown may include	
ITEMS 2A and 2B. If you chare no longer in school, sho with the school.	necked "NO" in Item 1, comp w your last day of training in	plete these items to I Item 2A and "ZER(show any changes ir O" in Item 2B. Payme	າ your hours du ent maybe dela	uring the date ayed while VA	s shown in Item 1. If you confirms your status	
ITEM 3. Shows the ending date as reported by your school. Notify your school if this information is not correct.							
ITEMS 4A AND 4B. You mu	ust sign and date this form o	n or after the last da	ate shown in Item 1.				
1. I WAS ENROLLED FOR THE FOLLOWING SINCE THE LAST VERIFICATION:							
☐ YES ☐ NO							
2A. DATE OF CHANGE IN HOU	," complete Items 2A and 2B. A	lotify your school of the		IDO AFTED OLIV			
ZA. DATE OF CHANCE IN 1100	2B. NUMBER OF HOURS AFTER CHANGE						
(NOTIFY YOUR SHOOL OFFICIAL OF THIS CHANGE)					NGE)		
3. Your school has reported tha (If this date is incorrect, immed							
I CERTIFY THAT the informa	tion above is true and correct t	o the best of my know	vledge and belief.				
PENALTY - Willful false repo	rts concerning benefits payable	by VA may result in	a fine, imprisonment,	or both.			
4A. SIGNATURE OF STUDENT 4B. DATE SIGNE					IGNED		
DATE ISSUED	TYPE OF TRAINING	FACILITY CODE		BENEFIT		FILE NUMBER	
DATE ISSUED	TYPE OF TRAINING	PACILITY CODE		DENEFII		TILL NOWBER	
IMPORTANT		-					
PAYMENT CANNOT BE MADE UNTIL THIS							
FORM HAS BEEN							
RECEIVED AND PROCESSED BY VA.							

FOR VA USE ONLY					
NAME AND ADDRESS OF SCHOOL	VA RETURN ADDRESS				
GENERAL INFORMATION					

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE PROPER COMPLETION OF THIS FORM:

CALL 1-888-GIBILL-1 (1-888-442-4551) BEFORE COMPLETING THIS FORM.

FOR INFORMATION ON VERIFYING YOUR ENROLLMENT,
BY TELEPHONE OR INTERNET,
SEE OUR EDUCATION HOME PAGE (WWW.BENEFITS.VA.GOV/GIBILL)

See the Instructions and Complete all necessary items on the other side of the form.

Mailing Instructions: Be sure to

- · Answer all necessary questions on the other side of the form
- · Sign your name in Item 4A
- Place the form in the enclosed envelope with the VA Return Address showing in the window

Caution: Your payment may be delayed if

- You submit a photocopy of this form, or
- · You send this form by fax (facsimile) machine

To report a Change of Address:

- · Carefully line out your old address shown on the other side of this form
- · Print your new address (with the zip code) beside the old one

Direct Deposit of Education Funds:

Direct Deposit of your education benefits is now available for certain benefits. We should be adding direct deposit for additional benefits later. If you want information on how to receive your education benefits sent by electronic funds transfer directly to your checking or savings account, call 1-877-838-2778 and get further information.

PRIVACY ACT INFORMATION: 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 (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) 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. While you do not have to respond, payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility to education benefits and the proper amount payable (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 1 minute 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 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 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD)).

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