



DEPARTMENT OF VETERANS AFFAIRS

Based on our review of your application and other information in your file, we recommend _____ as your beginning date because _____

If you choose a different date, please give the chosen date below and explain on the reverse.

You may FAX this letter rather than mailing it to the address shown above. Use the FAX number _____ or you can call the VA at 1-888-GIBILL-1 (1-888-442-4551). For the Hearing Impaired use Federal Relay Number 711.

Sincerely,

Department of Veterans Affairs

Enclosure(s)

OMB Control No. 2900-0703
Respondent Burden: 15 minutes
Expiration Date: XX/XX/XXXX

Form with sections: DEPENDENTS' EDUCATIONAL ASSISTANCE (DEA) ELECTION REQUEST, CLAIMANT'S NAME, CLAIMANT'S FILE NUMBER, IMPORTANT: If you choose to change your Beginning Date, please insert your "Requested Beginning Date" below. Sign and date this form. If you choose to make this change, give an explanation in the space provided on the reverse. BEGINNING DATE ELECTION, I choose _____ as the beginning date for my DEA benefits. SIGNATURE OF CLAIMANT, DATE SIGNED

EXPLANATION FOR DATE CHANGE:

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 and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if you do not respond it may result in a less than a desirable beginning date for your benefits.

RESPONDENT BURDEN: We need this information to determine when your date of eligibility will start (38 U.S.C. section 3512(a) & (b)). Title 38, United States Code, allows us to request this information. We estimate that you will need an average of 15 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 collection of information if this number is not displayed. Valid OMB control numbers are 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.