



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.

OMB Control No. 2900-0458  
Respondent Burden: 10 minutes  
Expiration Date: XX/XX/XXXX

**CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION**

**SECTION I: VETERAN'S INFORMATION**

**NOTE:** You can *either* complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER

— —

3. VA FILE NUMBER

4. DATE OF BIRTH *(MM/DD/YYYY)*

— —

5. VETERAN'S SERVICE NUMBER *(If applicable)*

6. TELEPHONE NUMBER *(Include Area Code)*

7. E-MAIL ADDRESS *(Optional)*

8. PREFERRED MAILING ADDRESS *(Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)*

No. &  
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

**SECTION II: STUDENT'S INFORMATION**

9. IS THE STUDENT NOW IN SCHOOL?

YES  NO

*(If "No," do NOT complete Items 10 and 12.*

*Give the date and reason school attendance terminated)* ▶

VETERAN'S SOCIAL SECURITY NO.

10. HAS THE STUDENT ATTENDED SCHOOL FROM THE OFFICIAL BEGINNING OF THE SCHOOL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," enter the inclusive dates of the student's school attendance) ▶		11. IS THE STUDENT MARRIED? (If, "YES," give the date) <input type="checkbox"/> YES <input type="checkbox"/> NO  DATE OF MARRIAGE (MM/DD/YYYY) - -
12. NAME OF LAST SCHOOL ATTENDED	13. HAS THE STUDENT ATTENDED ANY OTHER SCHOOL (S) THIS YEAR? (If "YES", list the school(s) attended in the space provided) <input type="checkbox"/> YES <input type="checkbox"/> NO	14. WHEN DOES THE STUDENT EXPECT TO GRADUATE OR OTHERWISE TERMINATE THE COURSE OF STUDY? (Give date)  DATE OF GRADUATION (MM/DD/YYYY) - -
15. HAS THE 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?  <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>(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 by law.)</b>		
<b>NOTE:</b> 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 16 and enter his or her relationship to the student in Item 17.		
<b>I AGREE</b> 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.		
<b>I CERTIFY THAT</b> the information provided is true and correct to the best of my knowledge and belief.		
16. SIGNATURE	17. RELATIONSHIP TO STUDENT	18. DATE SIGNED
<b>PENALTY:</b> 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.		
<b>PRIVACY ACT NOTICE:</b> 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 or 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.		
<b>RESPONDENT BURDEN:</b> 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 <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.		