



**Department of Veterans Affairs**

**CERTIFICATION OF SCHOOL ATTENDANCE - REPS**

**IMPORTANT:** The certification is requested on behalf of the student named below to determine entitlement to benefits. While you are not required to respond, your cooperation in promptly completing and returning this form will be appreciated. The form should be returned using the fax number or mailing address specified in your most recent claim letter from the Veterans Benefits Administration.

|  |   |
|--|---|
| 1. NAME AND ADDRESS OF SCHOOL<br><br>• | <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, CFR 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 identify 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. |
|--|---|

NOTE: REPS represents the Restored Entitlement Program For Survivors.

|   |                   |                                     |
|---|-------------------|-------------------------------------|
| 2. VETERAN'S/WAGE EARNER'S SOCIAL SECURITY NUMBER | 3. STUDENT'S NAME | 4. STUDENT'S SOCIAL SECURITY NUMBER |
|---|-------------------|-------------------------------------|

|   |                            |                          |
|---|----------------------------|--------------------------|
| COMPLETE ALL ITEMS BELOW GIVING INFORMATION ONLY FOR THE PERIOD INDICATED | <b>5. ATTENDANCE</b>       |                          |
|   | A. FROM (Month, day, year) | B. TO (Month, day, year) |

**STUDENT CERTIFICATION**

|   |   |
|---|---|
| 6. DURING THE PERIOD SHOWN IN ITEM 5:<br>A. <input type="checkbox"/> I AM ATTENDING FULL-TIME<br>B. <input type="checkbox"/> I AM NOT ATTENDING FULL-TIME<br>C. <input type="checkbox"/> I DID NOT ATTEND | D. <input type="checkbox"/> I ATTENDED FULL-TIME ONLY FOR THE PERIOD INDICATED IN ITEM 6E (Provide dates of full-time attendance)<br><br><b>6E. DATES OF FULL-TIME ATTENDANCE INDICATED IN ITEM 6D</b><br>FROM (Month, day, year) TO (Month, day, year) |
|---|---|

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

|  |          |
|--|----------|
| 7A. SIGNATURE OF STUDENT (Sign in ink) | 7B. DATE |
|--|----------|

**CERTIFICATION BY SCHOOL OFFICIAL**

8. IS THE STUDENT ENROLLED IN FULL-TIME STATUS ACCORDING TO THE SCHOOL'S STANDARDS AND PRACTICES FOR THE PERIOD SHOWN IN ITEM 5? (For evening students, use the same standards applicable to day students)

YES  NO (If "No," complete Item 9)

|  |                            |                          |
|--|----------------------------|--------------------------|
| 9. ENTER BEGINNING AND ENDING DATES (UP TO THE PRESENT) OF STUDENT'S FULL-TIME STATUS (If none, enter "NONE") (If more space is needed, enter additional information in Item 12, Remarks, and key answers to item numbers) | A. FROM (Month, day, year) | B. TO (Month, day, year) |
|--|----------------------------|--------------------------|

10. TYPE OF SCHOOL

JUNIOR COLLEGE, COLLEGE OR UNIVERSITY UNDERGRADUATE   
 COLLEGE GRADUATE   
 TECHNICAL, TRADE OR VOCATIONAL   
 OTHER (Specify)

|   |   |
|---|---|
| TO BE COMPLETED BY ALL SCHOOLS EXCEPT JUNIOR COLLEGES, COLLEGES OR UNIVERSITIES | 11. ENTER THE TOTAL CLOCK HOURS PER WEEK THE STUDENT IS/WAS SCHEDULED TO ATTEND (Show any variation in scheduled attendance in Item 12, Remarks, and key answers to item numbers) |
|---|---|

12. REMARKS

**Respondent Burden:** This information is needed to determine your entitlement to Reps benefits. 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 can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://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.

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

|   |   |           |
|---|---|-----------|
| 13A. SIGNATURE (Sign in ink) AND TITLE OF SCHOOL OFFICIAL | 13B. SCHOOL TELEPHONE NO. (Include Area Code) | 13C. DATE |
|---|---|-----------|