OMB Control No. 2900-0399 Respondent Burden: 20 Minutes Expiration Date: XX/XX/XXXX

	Department of Veterans Affairs								
			STUDENT BENEFICIARY REPORT - REPS (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS) SECTION I - STUDENT IDENTIFICATION						
				TERAN/WAGE EARNER'S CIAL SECURITY NO.				'S SOCIAL SECURITY NO.	
			2. PERIOD OF ATTENDANCE A. BEGINNING DATE (Month, day, year) B. ENDING DATE (Month, day, year)						
1A.NAME AND ADDR	ESS OF STUDENT(First-middl bove, furnish current address	e-last name)	, BEO.	minite Ditte (month, edg., year)		B. END	B) (1)	_ (monat, day, your)	
(ii dillerent nom al	bove, lumish current address	۰.)	INI	STRUCTIONS					
STUDENTS: You SCHOOL OFFICE suspension of the 18TH STREET,	CIALS: Please complete S	II, Student C Section III, So ent. This forn 271.	S REC crtifica chool O n shoul	UIRING COMPLETION. tion, and have a school offic official Certification, and retur d be returned to the VA REC	n it p	romptly	as failu	re to do so will result in	
		SECTIO	N II - S	STUDENT CERTIFICATION	ON				
3. NAME OF SCHO DURING PERIOD(4A. HAVE YOU PERIOD SHO	A. HAVE YOU ATTENDED SCHOOL ON A FULL-TIME BA PERIOD SHOWN IN ITEM 2?			SIS FOR		5. LIST DATES OF FULL-TIME ATTENDANCE IF DIFFERENT FROM ITEM 2 (Month, day, year)		
		│	_ \	If "No," complete Item 5)			-		
		□GRAD		DERGRAD OTHER					
6. WILL YOU CONTIN	UE SCHOOL ON A FULL-TIME	BASIS		7. DATES O	F YOL	JR NEXT	SCHOO	OL YEAR	
YES NO	THE PERIOD SHOWN IN ITEM (If "Yes," complete Item 7)		A. BEGI	INNING DATE (Month, day, year)		B. END	ING DAT	E (Month, day, year)	
8A. WILL YOU ATTEN YES NO 8D. TYPE OF DEGF		SCHOO!			8C. TYPE OF NEW SCHOOL COLLEGE OR UNIVERSITY TECHNICAL, TRADE OR VOCATIONAL OTHER (Specify)				
	DERGRAD OTHER RECEIVED FOR PRIOR	10A. EARI				_	NGS EXPECTED NEXT YEAR		
	LAR AMOUNT OR "NONE")	,	(ENTER DOLLAR AMOUNT OR "NON) (ENTER		DOLLAR AMOUNT OR "NONE")		
YEAR	AMOUNT	YEA	<u>IR</u>	AMOUNT \$		YEAR		\$	
	\$ LL YOU BE PAID BY YOUR TTENDING SCHOOL?	12A. HAVE	YOU E	│ [⊉] VER BEEN MARRIED?	12B.	12B. DATE(S) OF MARRIAGE (Month, day, year)			
YES NO	TE IO VOLID DI TEVETO	YES		O (If "Yes," complete Item 12B)	Т,		774	1: . 1 . 0 . 1	
in school enrollr	nent, marital or work stat	us, as benefi	its may			,		mmediately of any change	
13A. SIGNATURE OF CLAIMANT			are true and correct to the best of my knowledge 13B. CLAIMANT'S TELEPHONE NUMBER (Include Area Co					E SIGNED (Month, day, year)	
TO A. GIGIWAT GIVE OF	OLJ (IIVI) (IVI)	100.00.11	VII (11 C	TELET HOME HOMBER (Moldde / IIC	ou oou	'	00. D/ (1	E OTONED (Month, day, year)	
	SE	CTION III -	SCHO	OOL OFFICIAL CERTIFIC	CATIO	ON			
STATUS BY THE S DURING THE ENTIR (AT LEAST 20 CLOC	IT MAINTAINED FULL-TIME SCHOOL'S STANDARDS RE PERIOD SHOWN IN ITEM 2? K HOURS IS CONSIDERED N-COLLEGE DEGREE)		ATTEND	ATES OF FULL-TIME ATTENDANC ANCE WHEN A COURSE WITHDR RM CLAIMED IN ITEM 7 HAS E	AWAL	IS INVOL\	/ED		
☐YES ☐NO	(If "No," complete Item 15)	_ I]YES		SEGUI	v, 13 3 1 C	DLINI	STILL I OLL-TIIVIL!	
16A. NAME OF SCHOOL			16C. TYPE OF SCHOOL COLLEGE OR TECHNICAL, TRADE OTHER UNIVERSITY OR VOCATIONAL				17. ENTER CLOCK HOURS ATTENDED PER WEEK IF NOT A DEGREE GRANTING PROGRAM		
16B. TELEPHONE NU (Include Area Code	MBER OF SCHOOL OFFICIAL	16D. T` ☐ G F		DEGREE ☐UNDERGRAD ☐ OTHER					
18A. SIGNATURE AND TITLE OF SCHOOL OFFICIAL			OTRECTOR OTHER			18B. DATE SIGNED (Month, day, year)			
DENIAL TYLET		a andrial in a	J. C		:110	.11 '			
a material fact, kn	aw provides severe penalties owing it to be false or for th	s which include fraudulent a	ie rine (.cceptan	or imprisonment or both for the ace of any payment to which yo	willfi u are i	ui submis not entitle	ssion of ed.	any statement or evidence of	

PRIVACY ACT NOTICE

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 5, Code of Federal Regulations 1.526 for routine uses (i.e., (Routine Uses 1 through 63) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. No benefits may be granted unless this form is completed fully as required by law (38 U.S.C. 5101). Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

IMPORTANT NOTICE ABOUT INFORMATION COLLECTION

We need this information in order to determine your continued eligibility for REPS payments as a student beneficiary. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.