



REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING

Request to Opt-Out of Information Sharing With Educational Institutions

By checking the box, I CERTIFY THAT THE DEPARTMENT OF VETERANS AFFAIRS (VA) *does not* have my permission to share information about my veterans' education benefits with any educational institution. I understand that sharing my information with my school is intended to support the certification process and that "opting-out" may delay that process. See Information and Instructions on Page 3 for more information.

PART I - IDENTIFICATION AND PERSONAL INFORMATION

1A. NAME OF APPLICANT (<i>Last, First, Middle</i>)		VA DATE STAMP DO NOT WRITE IN THIS SPACE				
1B. MAILING ADDRESS (<i>Complete street address, City, State, and 9-digit ZIP Code</i>)						
1C. APPLICANT'S TELEPHONE NUMBER (<i>Including Area Code</i>)	1D. VA FILE NUMBER					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">DAY</td> <td style="width: 50%; border: none; text-align: center;">EVENING</td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none; height: 20px;"></td> </tr> </table>	DAY	EVENING			1F. SOCIAL SECURITY OF APPLICANT (<i>For transferability cases, enter the veteran's social security number</i>)	
DAY	EVENING					
1E. APPLICANT'S E-MAIL ADDRESS						

PART II - YOUR PROGRAM INFORMATION

2. EDUCATION BENEFIT YOU WANT TO RECEIVE (*Only Select One*)

A. <input type="checkbox"/> CHAPTER 33 (<i>Post-9/11 GI BILL</i>)	C. <input type="checkbox"/> CHAPTER 32 (<i>Veterans Educational Assistance Program including section 903</i>)	E. <input type="checkbox"/> CHAPTER 1607 (<i>Reserve Educational Assistance Program</i>)
B. <input type="checkbox"/> CHAPTER 30 (<i>Montgomery GI Bill - Active Duty</i>)	D. <input type="checkbox"/> CHAPTER 1606 (<i>Montgomery GI Bill - Selected Reserve</i>)	F. <input type="checkbox"/> TRANSFER OF ENTITLEMENT PROGRAM

3. HOW WILL YOU TAKE TRAINING?

A. <input type="checkbox"/> SCHOOL ATTENDANCE	D. <input type="checkbox"/> COOPERATIVE TRAINING	G. <input type="checkbox"/> LICENSING & CERTIFICATION TEST
B. <input type="checkbox"/> CORRESPONDENCE	E. <input type="checkbox"/> TUITION ASSISTANCE TOP-UP (<i>Active Duty Only</i>)	H. <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	F. <input type="checkbox"/> FLIGHT TRAINING	

4A. WHAT EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD?	4B. WHAT IS THE NAME OF THE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, PROVIDE NAME AND COMPLETE ADDRESS OF NEW SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND (<i>If applicable</i>)	4D. PROVIDE NAME AND COMPLETE ADDRESS OF PREVIOUS SCHOOL OR TRAINING ESTABLISHMENT (<i>If only changing schools, list current school.</i>)

4E. TELL US **WHEN** AND **WHY** YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. CONTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE SHEET IF NECESSARY.

PART III - DIRECT DEPOSIT INFORMATION

5. DIRECT DEPOSIT (*Complete this item only if you wish to start, change or stop direct deposit.*)
NOTE: To prevent possible delays in payment, claimants are highly encouraged to use Direct Deposit and set up an Electronic Fund Transfer (EFT.) Direct Deposit is not available for the Post-Vietnam Era Educational Assistance Program (VEAP - Chapter 32) nor for Section 903.

START OR CHANGE EFT (*Please attach a voided personal check or provide the information in items A through D below.*) STOP EFT

5A. TYPE OF ACCOUNT
 CHECKING SAVINGS

5B. NAME OF FINANCIAL INSTITUTION	5C. 9 DIGIT ROUTING OR TRANSIT NUMBER	5D. ACCOUNT NUMBER
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PART IV - MISCELLANEOUS INFORMATION

6. INFORMATION ON DEPENDENTS (**COMPLETE THIS ITEM ONLY IF YOU SERVED BEFORE JANUARY 1, 1977 (or had a delayed entry before January 2, 1978) AND YOU CURRENTLY HAVE DEPENDENTS.**)

QUESTIONS	YES	NO
6A. ARE YOU CURRENTLY MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>
6B. DO YOU HAVE ANY CHILDREN WHO ARE :		
(1) UNDER AGE 18 OR	<input type="checkbox"/>	<input type="checkbox"/>
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR	<input type="checkbox"/>	<input type="checkbox"/>
(3) OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?	<input type="checkbox"/>	<input type="checkbox"/>
6C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>

7. RECENT PERIODS OF SERVICE (PERIODS OF ACTIVE DUTY SINCE YOUR INITIAL PERIOD OF ACTIVE DUTY.) Please complete this section for each period of your active duty since your initial period of active duty if you have not previously reported this information. It will help VA process your claim if you attach a certified copy of "Member 4 Copy" of your DD Form 214 for **each period** of active service. (*Don't report Active Duty for Training.*)

7A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVED IN DURING ACTIVE DUTY	7B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	7C. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (<i>If yes send in copies of your orders</i>)		7D. WHAT WAS THE CHARACTER OF YOUR DISCHARGE?	7E. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (FEDERAL) OR TITLE 32 (STATE). (<i>ATTACH COPIES OF ANY ORDERS</i>)
		YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: DO NOT INCLUDE FULL TIME ASSIGNMENT BY A SERVICE DEPARTMENT TO A CIVILIAN SCHOOL FOR A COURSE OF EDUCATION; ATTENDANCE AT A SERVICE ACADEMY; OR NON-CREDITABLE TIME (TIME LOST BECAUSE OF INDUSTRIAL OR AGRICULTURAL FURLOUGH, ARREST WITHOUT ACQUITTAL, BEING AWOL, DESERTION, SENTENCE OF COURT-MARTIAL, ETC.)

8. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT (GETA) FOR THE SAME COURSE(S) YOU WILL RECEIVE VA EDUCATION BENEFITS? (*Answer only if you are a Federal Government employee*)

YES NO

9. ARE YOU RECEIVING OR DO YOU ANTICIPATE RECEIVING ANY MONEY (*including but not limited to Federal Tuition Assistance*) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES." SHOW COMPLETE DETAILS IN THE REMARKS SECTION TO INCLUDE THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE APPLYING FOR THE TUITION ASSISTANCE TOP-UP BENEFIT, CHECK "NO." (*Answer only if you are on Active Duty*)

YES NO

10. REMARKS

PART V - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

11A. SIGNATURE OF APPLICANT (DO NOT PRINT)

11B. DATE SIGNED

SIGN HERE IN INK 

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

Use this form when:

- you're changing schools,
- you're changing your educational, professional, vocational goal,
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program, or
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor's degree, master's degree, Ph.D
- Professional goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian, stenographer, machinist, electronic technician, X-ray technician, radio and
- Vocational goal: TV service technician, automobile mechanic, practical nurse.

Item #5: The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit (Direct Deposit is not available for Chapter 32 recipients.) Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

Item #6: Provide your dependents' information **only** if you have military service **before** January 1, 1977 (or delayed entry before January 2, 1978).

Item #6A: IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

Items #11A and 11B: Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 11A and 11B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: www.benefits.va.gov/gibill. Click on the "Contact Us" tab and then the "Ask a Question" tab. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

REQUEST TO OPT-OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS:

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also known as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a veteran or other individual is entitled. However, you may elect to "opt-out" of these disclosures and have VA withhold this information instead.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address. Determine the correct office from the list on page 4.

Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list on page 4.

Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

Eastern Region: VA Regional Office P.O. Box 4616 Buffalo, NY 14240-4616			
Serves the following states			
CT	DE	DC	MA
MD	ME	NC	NH
NJ	NY	PA	RI
VA	VT	US Virgin Islands	Foreign Schools
APO/FPO AA			

Central Region: VA Regional Office P.O. Box 32432 St. Louis, MO 63132-0832			
Serves the following states			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

Western Region: VA Regional Office P.O. Box 8888 Muskogee, OK 74402-8888			
Serves the following states			
AK	AL	AR	AZ
CA	FL	GA	HI
ID	LA	MS	NM
NV	OK	OR	PR
SC	TX	UT	WA
Guam	Philippines	APO/FPO AP	

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 38, Code of Federal Regulations, section 1.526 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 the VA to obtain further information as may be necessary from the school for the 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 education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). 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 your continued eligibility to VA education benefits (38 U.S.C. 3471). 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 <http://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.