



In Reply Refer To:

Dear

The law requires that we collect some information about the accelerated payment of \$ we sent you on

If you don't answer before , you must return the Accelerated Payment of \$

You must sign and return this form to our office before . You can mail it to the address at the top of this letter or FAX it to . If you don't reply, you'll be required to pay back \$

Sincerely,

Education Officer

OMB Control No. 2900-0636
Respondent Burden: 5 Minutes
Expiration Date: XXXXXX

ACCELERATED PAYMENT VERIFICATION OF COMPLETION		
Reminder: You must sign and return this form. If you don't you'll be required to pay back the full amount of your accelerated payment.		
1A. DID YOU INCREASE OR DECREASE THE NUMBER OF CREDIT/HOURS PURSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 1B thru 1D)</i>	1B. SPECIFY INCREASE OR DECREASE <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE	1C. NUMBER OF HOURS
2A. DID YOU SUCCESSFULLY COMPLETE THE COURSE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 2B thru 2C)</i>		1D. DATE THE CHANGE IN HOURS OCCURRED
		2B. DATE YOU LAST ATTENDED
2C. EXPLAIN WHY YOU DIDN'T COMPLETE THE COURSE		

3. HOW DID YOU USE YOUR PAYMENT? (Check the box that best describes how you used the majority of your payment. There is no right or wrong answer. This information is being collected for statistical purposes only)

EDUCATION RELATED ITEMS (TUITION, FEES, BOOKS, SUPPLIES, ETC.)

PERSONAL ITEMS (ROOM, BOARD, LIVING EXPENSES, ETC.)

SAVINGS OR CHECKING ACCOUNT

TRAVEL OR ENTERTAINMENT

LOAN REPAYMENT

OTHER (Please specify)

4. REMARKS

I CERTIFY THAT the information given is true and correct to the best of my knowledge.

5A. SIGNATURE OF STUDENT (Sign in ink)

5B. DATE SIGNED

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 Records - VA, and published in the Federal Register. For example, a routine use that allows VA to send educational forms or letters with an individual's identifying information to the individual's school or training establishment to (1) assist the individual in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the individual's education claim. Your obligation to respond is required to obtain or retain education benefits. If you do not respond, VA must collect the payment made to you under 10 U.S.C 16131a, 16162a, or 38 U.S.C. 3014A. 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 confirm your entitlement to the accelerated payment we issued to you (10 U.S.C. 16131a, 16162a, 38 U.S.C. 3014A). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.