

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

CERTIF	CATION OF SCHOOL ATTENDANG	CE OR TERMINATION							
SECTION I: VETERAN'S INFORMATION									
NOTE : You can <i>either</i> complete the forthe form.	rm online or by hand. Please print the informatio	n requested in ink, neatly, and legibly to help process							
1. VETERAN/BENEFICIARY NAME (First, Mi	ddle Initial, Last)								
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER	4. DATE OF BIRTH (MM/DD/YYYY)							
5. VETERAN'S SERVICE NUMBER (If applicab	6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)							
PREFERRED MAILING ADDRESS (Number No. & Street Apt./Unit Number	and street or rural route, P. O. Box, City, State, ZIP Co	ode and Country)							
State/Province Country	ZIP Code/Postal Code	_							
	SECTION II: STUDENT'S INFO	RMATION							
	mplete Items 10 and 12. ason school attendance terminated)								

VETERAN'S SOCIAL SECURITY NO.				
	ING OF THE SCHOOL YEAR?	G OF THE SCHOOL YEAR? 11. IS THE STUDENT MARRIED? (If, "YES," give the date YES NO DATE OF MARRIAGE (MM/DD/YYYY) ————————————————————————————————		
12. NAME OF LAST SCHOOL ATTENDED	13. HAS THE STUDENT ATTEN (S) THIS YEAR? (If "YES", lis space provided) YES NO			HE STUDENT EXPECT TO DTHERWISE TERMINATE THE JDY? (Give date)
			DATE OF GRADUA	TION (MM/DD/YYYY)
			_	_
ACT PAYMENTS, OR BENEFITS FROM AI BUREAU OF INDIAN AFFAIRS, ETC., THA YES NO (NOTE: Concurrent receipt of DE attendance is considered a duplica)	T IS OR WILL BEGIN TO PAY THE EACH STREET IS OR WILL BEGIN TO PAY THE EACH STREET IS THE EACH STREET IS THE EACH STREET IS DESCRIPTION OF BENEFITS AND IS PROBI	E STUDENT'S TUITION? nd additional compensations bited by law.)	on payments based	on that student's school
in Item 16 and enter his or her relationship to		ao in mo or nor own right.	er wise, the parent, gau	
I AGREE to notify the Department of Veteral attendance or marriage prior to completion of furnished on this form. Any benefits allowed of the CERTIEN THAT the information provided	the course. I understand that cont due to this certification will be dis	inued entitlement to school att scontinued if the student marrie	endance benefits may	be based on the information I have
I CERTIFY THAT the information provided is true and correct to the best of 16. SIGNATURE		17. RELATIONSHIP TO STUDENT		18. DATE SIGNED
PENALTY: The law provides severe penalties whice fraudulent acceptance of any payment to which you a		h, for the willful submission of any	statement or evidence of	a material fact, knowing it to be false, or
PRIVACY ACT NOTICE: The VA wi Privacy Act of 1974 or Title 38, Code of communications, epidemiological ore res	Federal Regulations 1.576 search studies, the collection of	for routine uses (i.e., civil of money owed to the Unite	or criminal law enford States, litigation is	orcement, congressional n which the United States is a

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 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological ore 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.

RESPONDENT BURDEN: 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 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.