



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

CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION

SECTION I: VETERAN'S INFORMATION

NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. DATE OF BIRTH (MM/DD/YYYY)

5. VETERAN'S SERVICE NUMBER (If applicable)

6. TELEPHONE NUMBER (Include Area Code)

7. E-MAIL ADDRESS (Optional)

8. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

SECTION II: STUDENT'S INFORMATION

9. IS THE STUDENT NOW IN SCHOOL?

YES NO

(If "No," do NOT complete Items 10 and 12.

Give the date and reason school attendance terminated)

