



CERTIFICATION OF SCHOOL ATTENDANCE - REPS

IMPORTANT: The certification is requested on behalf of the student named below to determine entitlement to benefits. While you are not required to respond, your cooperation in promptly completing and returning this form will be appreciated. The form should be returned using the fax number or mailing address specified in your most recent claim letter from the Veterans Benefits Administration.

1. NAME AND ADDRESS OF SCHOOL ●	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, CFR 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or 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.
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NOTE: REPS represents the Restored Entitlement Program For Survivors.

2. VETERAN'S/WAGE EARNER'S SOCIAL SECURITY NUMBER	3. STUDENT'S NAME	4. STUDENT'S SOCIAL SECURITY NUMBER
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COMPLETE ALL ITEMS BELOW GIVING INFORMATION ONLY FOR THE PERIOD INDICATED	5. ATTENDANCE	
	A. FROM (MM/DD/YYYY)	B. TO (MM/DD/YYYY)

STUDENT CERTIFICATION

6. DURING THE PERIOD SHOWN IN ITEM 5: <input type="checkbox"/> A. I AM ATTENDING FULL-TIME <input type="checkbox"/> B. I AM NOT ATTENDING FULL-TIME <input type="checkbox"/> C. I DID NOT ATTEND <input type="checkbox"/> D. I ATTENDED FULL-TIME ONLY FOR THE PERIOD INDICATED IN ITEM 6E (Provide dates of full-time attendance)	6E. DATES OF FULL-TIME ATTENDANCE INDICATED IN ITEM 6D <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">FROM (MM/DD/YYYY)</td> <td style="width:50%; text-align: center;">TO (MM/DD/YYYY)</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)		
FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)				

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

7A. SIGNATURE OF STUDENT (Sign in ink)	7B. DATE (MM/DD/YYYY)
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CERTIFICATION BY SCHOOL OFFICIAL

8. IS THE STUDENT ENROLLED IN FULL-TIME STATUS ACCORDING TO THE SCHOOL'S STANDARDS AND PRACTICES FOR THE PERIOD SHOWN IN ITEM 5? (For evening students, use the same standards applicable to day students)

YES NO (If "No," complete Item 9)

9. ENTER BEGINNING AND ENDING DATES (UP TO THE PRESENT) OF STUDENT'S FULL-TIME STATUS (If none, enter "NONE") (If more space is needed, enter additional information in Item 12, Remarks, and key answers to item numbers)	A. FROM (MM/DD/YYYY)	B. TO (MM/DD/YYYY)

10. TYPE OF SCHOOL

JUNIOR COLLEGE, COLLEGE OR UNIVERSITY UNDERGRADUATE
 COLLEGE GRADUATE
 TECHNICAL, TRADE OR VOCATIONAL
 OTHER (Specify)

TO BE COMPLETED BY ALL SCHOOLS EXCEPT JUNIOR COLLEGES, COLLEGES OR UNIVERSITIES	11. ENTER THE TOTAL CLOCK HOURS PER WEEK THE STUDENT IS/WAS SCHEDULED TO ATTEND (Show any variation in scheduled attendance in Item 12, Remarks, and key answers to item numbers)
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12. REMARKS

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0394, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0394 in any correspondence. Do not send your completed VA Form 21P-8926 to this email address.

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

13A. SIGNATURE (Sign in ink) AND TITLE OF SCHOOL OFFICIAL	13B. SCHOOL TELEPHONE NO. (Include Area Code)	13C. DATE (MM/DD/YYYY)
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