

File Number:

Name of Student:

Birth Date of Student (MM/DD/YYYY):

Since, we are paying you Department of Veteran 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 complete the questions below, sign and date, and return within 60 days to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444**. Otherwise, benefits based upon the student's attendance will be discontinued.

OMB Control No. 2900-0458 Respondent Burden: 10 minutes Expiration Date: XX/XX/20XX

CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION					
SECTION I: VETERAN'S INFORMATION					
<b>NOTE:</b> You may complete the form online or by hand. If completed by hand, print the information requested, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.					
(First, Middle Initial,	Last)				
	3. VA FILE NUMBER	ER 4. DATE OF BIRTH (MM/DL			
			<b>– –</b>		
<i>(If applicable)</i> 6. T	ELEPHONE NUMBER (Include Area Code	?) 7. E-I	7. E-MAIL ADDRESS (Optional)		
8. MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) No. & Street					
City					
Country	ZIP Code/Postal Code		-		
5	SECTION II: STUDENT'S INFOR	MATION			
OOL?					
	m online or by hand. I heck box to help exper (First, Middle Initial, (If applicable) 6. T d street or rural route, City Country SOL?	SECTION I: VETERAN'S INFOR   m online or by hand. If completed by hand, print the information heck box to help expedite processing of the form.   (First, Middle Initial, Last)   3. VA FILE NUMBER   (If applicable)   6. TELEPHONE NUMBER (Include Area Code)   d street or rural route, P. O. Box, City, State, ZIP Code and Code   City   Country ZIP Code/Postal Code   SECTION II: STUDENT'S INFOR   DOL?	SECTION I: VETERAN'S INFORMATION   m online or by hand. If completed by hand, print the information requested heck box to help expedite processing of the form.   ( <i>First, Middle Initial, Last</i> )   3. VA FILE NUMBER   ( <i>If applicable</i> )   6. TELEPHONE NUMBER ( <i>Include Area Code</i> )   7. E-   d street or rural route, P. O. Box, City, State, ZIP Code and Country)   City   Country ZIP Code/Postal Code   SECTION II: STUDENT'S INFORMATION		

VETERAN'S SOCIAL SEC	CURITY NO.
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10. HAS THE STUDENT ATTENDED SCHOOL FROM THE OFFICIAL BEGINNING OF THE SCHOOL YEAR?						
YES						
NO (If "No," enter all the dates (MM/DD/YYYY) of the student's school attendance)						
11. IS THE STUDENT MARRIED? DATE OF MARRIAGE (MM/DD/YYY)	12. NAME OF LAST SCHOOL A	TTENDED				
YES (If, "YES," give the date)						
13. HAS THE STUDENT ATTENDED ANY OTHER SCHOOL(S) THIS YEAR?		14. WHEN DOES THE STUDENT EXPECT TO GRADUATE OR				
YES (If, "YES," list the names of any other schools attended)		OTHERWISE TERMINATE THE COURSE OF STUDY? (Give				
	date) (MM/DD/YYYY)	date) (MM/DD/YYYY)				
15. HAS THE STUDENT BEGUN RECEIVING OR APPLIED FOR VA DEPENDENTS' E						
ACT PAYMENTS, OR BENEFITS FROM ANY OTHER FEDERAL AGENCY SUCH		RCHANT MARINE ACADEMY,				
BUREAU OF INDIAN AFFAIRS, ETC., THAT IS OR WILL BEGIN TO PAY THE STU	IDENT'S TUITION?					
YES						
□ NO						
(NOTE: Concurrent receipt of DEA benefits by the student and additional com	pensation payments based on that student	's school attendance is considered				
a duplication of benefits and is prohibited by law.)						
NOTE: The student should sign this form only if the student is receiving benefits in	his or her own right. Otherwise, the parent,	guardian, or custodian should sign in				
Item 16 and enter his or her relationship to the student in Item 17.						
I AGREE to notify the Department of Veterans Affairs immediately of any changes						
attendance or marriage prior to completion of the course. I understand that continued						
furnished on this form. Any benefits allowed due to this certification will be disconti	nued if the student marries or leaves school,	or upon the death of the student.				
I CERTIFY THAT the information provided is true and correct to the best of my kn	owledge and belief.					
16. VETERAN/CLAIMANT/STUDENT'S SIGNATURE (REQUIRED) 17. RELATION	ISHIP TO STUDENT	18. DATE SIGNED (MM/DD/YYYY)				
PENALTY: The law provides severe penalties which include fine or imprisonment,	or both, for the willful submission of any sta	atement or evidence of a material				
fact, knowing it to be false, or fraudulent acceptance of any payment to which you an	e not entitled.					
<b>PRIVACY ACT INFORMATION.</b> The VA will not disclose information collected on this for	n to any source other than what has been authorize	d under the Privacy Act of 1974 or Title				
<b>PRIVACY ACT INFORMATION</b> : 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 Veteran Readiness 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.		timbre and the literation				
<b>RESPONDENT BURDEN:</b> 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 2900-0458, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 10 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. 2900-0458 in any correspondence. Do not send your completed VA Form 21-8960 to this						
email address.		-				