

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

NOTE: 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.

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. 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

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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 (MM/DD/YYYY) and reason school attendance terminated)

