



1. INSTITUTION NAME

2. FACILITY CODE (leave blank on initial approval request)

I HEREBY CERTIFY THAT the information above is true and correct in content and policy.

3. SCHOOL OFFICIAL NAME

4. SCHOOL OFFICIAL TITLE

5. DATE

6. For each program listed, provide the cohort dates, student graduation data and employment of continuing education data for previous students during the previous 12 months.

[illegible]

PRIVACY ACT INFORMATION: VA will not disclose the information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.552a 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 records, 58VA2122/28. Compensation, Pension, Education, and Veterans Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required in order to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN account information to VA in order to be considered for VA benefits. VA will use your SSN account information to verify your identity and status, and to determine your eligibility for VA benefits. VA will also use your SSN account information to match your information with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

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-NEW, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 20 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 Office at vaipa@va.gov. Please refer to OMB Control No. 2900-NEW in any correspondence. Do not send your completed VA Form 22-10401b to this email address.