

File Number:

Name of Student:

Birth Date of Student:

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: 07/31/2024

CERTIFICATION OF SCHOOL ATTENDANCE OR TERMINATION SECTION I: VETERAN'S INFORMATION

NOTE: You may complete the form online or completely fill in each applicable check box to	r by hand. If completed by hand, print the information reques o help expedite processing of the form.	sted, neatly and legibly, insert one letter per box, and				
1. VETERAN/BENEFICIARY NAME (First, Mid	dle Initial, Last)					
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER	4. DATE OF BIRTH (MM/DD/YYYY)				
5. VETERAN'S SERVICE NUMBER (If applicat		7. E-MAIL ADDRESS (Optional)				
No. &	or rural route, P. O. Box, City, State, ZIP Code and Cou	untry)				
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 complet	te Items 10 and 12. Give the date (MM/DD/YYYY) and reason s	school attendance terminated)				

VETERAN'S SOCIAL SECURITY 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? (If, "YES," give the date) YES NO DATE OF MARRIAGE (MM/DD/YYYY)				
12. NAME OF LAST SCHOOL ATTENDED	13. HAS THE STUDENT ATTENDED THIS YEAR? ☐ YES (If, "YES," list the names of a ☐ NO		GRADUATE OR O	E STUDENT EXPECT TO THERWISE TERMINATE THE DY? (Give date)(MM/DD/YYYY)			
 15. HAS THE STUDENT BEGUN RECEIVING OR APPLIED FOR VA DEPENDENTS' EDUCATIONAL ASSISTANCE (DEA), FEDERAL EMPLOYEES' COMPENSATION ACT PAYMENTS, OR BENEFITS FROM ANY OTHER FEDERAL AGENCY SUCH AS THE U.S. SERVICE ACADEMY, U.S. MERCHANT MARINE ACADEMY, BUREAU OF INDIAN AFFAIRS, ETC., THAT IS OR WILL BEGIN TO PAY THE STUDENT'S TUITION? YES NO (NOTE: Concurrent receipt of DEA benefits by the student and additional compensation 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 in this course of education, transfer to another school, discontinuance of school attendance or marriage prior to completion of the course. I understand that continued entitlement to school attendance benefits may be based on the information I have furnished on this form. Any benefits allowed due to this certification will be discontinued 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 knowledge and belief.							
16. VETERAN/CLAIMANT/STUDENT'S SIGN		17. RELATIONSHIP TO STU	DENT	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 statement or evidence of a material fact, knowing it to be false, or fraudulent acceptance of any payment to which you are not entitled.							
PRIVACY ACT NOTICE: The VA will not disclo Federal Regulations 1.576 for routine uses (i.e., civil United States, litigation in which the United States is administration) as identified in the VA system of reco Register. Your obligation to respond is required to o responses you submit are considered confidential (38 RESPONDENT BURDEN: We need this informat States Code, allows us to ask for this information. W	or criminal law enforcement, congression a party or has an interest, the administrat ords, 58VA21/22/28, Compensation, Pen- btain or retain benefits. The requested inf U.S.C. 5701). Information submitted is s ion to determine continued eligibility to b	nal communications, epidemiolo ion of VA programs and deliver sion, Education, and Veteran Re formation is considered relevant subject to verification through co enefits for a veteran's child who	gical ore research studies, y of VA benefits, verifica adiness and Employment and necessary to determin omputer matching progra- is over age 18 and attend	, the collection of money owed to the tion of identity and status, and personnel Records - VA, published in the Federal he maximum benefits under the law. The ms with other agencies. ing school (38 U.S.C.). Title 38, United			
conduct or sponsor a collection of information unless OMB control numbers can be located on the OMB Ir comments or suggestions about this form.	a valid OMB number is displayed. You	are not required to respond to a	collection of information i	f this number is not displayed. Valid			

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