OMB Approved No. 2900-0465
Respondent Burden: 1 Minute
Expiration Date: 02/28/2023

DEPARTMENT OF VETERANS AFFAIRS

Department of Veterans Affairs

STUDENT VERIFICATION OF ENROLLMENT

SEE GENERAL INFORMATION ON REVERSE

PAYEE ADDRESS	VA RETURN ADDRESS

INSTRUCTIONS

You **MUST** complete Items 1 and 4.

ITEM 1 - Shows your enrollment as reported by your school from the date of your last verification. If the information in this item is correct, check "YES". If the information is ***not*** correct, check "NO" and complete Items 2A and 2B.

NOTE: The first date in Item 1 is the first date to be verified and may not be the beginning date of your enrollment period. Dates shown may include normal breaks between school terms and within terms.

ITEMS 2A and 2B. If you checked "NO" in Item 1, complete these items to show any changes in your hours during the dates shown in Item 1. If you are no longer in school, show your last day of training in Item 2A and "ZERO" in Item 2B. Payment may be delayed while VA confirms your status with the school.

ITEM 3. Shows the ending date as reported by your school. Notify your school if this information is not correct.

ITEMS 4A AND 4B. You must sign and date this form on or after the last date shown in Item 1.

1. I WAS ENROLLED FOR THE FOLLOWING SINCE THE LAST VERIFICATION:

☐ YES ☐ NO *(If "No," complete Items 2A and 2B. Notify your school of the change)*

2A. DATE OF CHANGE IN HOURS	2B. NUMBER OF HOURS AFTER CHANGE
	(NOTIFY YOUR SCHOOL OFFICIAL OF THIS CHANGE)

3. Your school has reported that you will continue training until
(If this date is incorrect, immediately notify your school of the revised ending date)

I CERTIFY THAT the information above is true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both.

4A. SIGNATURE OF STUDENT	4B. DATE SIGNED

FOR VA USE ONLY

DATE ISSUED	TYPE OF TRAINING	FACILITY CODE	BENEFIT	FILE NUMBER

IMPORTANT: PAYMENT CANNOT BE MADE UNTIL THIS FORM HAS BEEN RECEIVED AND PROCESSED BY VA.

FOR VA USE ONLY

NAME AND ADDRESS OF SCHOOL	VA RETURN ADDRESS

GENERAL INFORMATION

IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE PROPER COMPLETION OF THIS FORM:
CALL 1-888-GIBILL-1 (1-888-442-4551) BEFORE COMPLETING THIS FORM.

FOR INFORMATION ON VERIFYING YOUR ENROLLMENT, BY TELEPHONE OR INTERNET, SEE OUR EDUCATION HOME PAGE (WWW.BENEFITS.VA.GOV/GIBILL)

See the Instructions and Complete all necessary items on the other side of the form.

Mailing Instructions: Be sure to ....

- **Answer all necessary questions on the other side of the form**
- **Sign your name in Item 4A**
- **Place the form in the enclosed envelope with the VA Return Address showing in the window**

Caution: Your payment may be delayed if ....

- **You submit a photocopy of this form, or**
- **You send this form by fax (facsimile) machine**

To report a Change of Address:

- **Carefully line out your old address shown on the other side of this form**
- **Print your new address (with the zip code) beside the old one**

PRIVACY ACT INFORMATION: 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 (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training) 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 response is required to obtain or retain benefits. While you do not have to respond, payment of education benefits cannot be made unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.
RESPONDENT BURDEN: We need this information to determine eligibility to education benefits and the proper amount payable (38 U.S.C. 3684). Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 1 minute to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain** . If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form. (Call 711, Federal Relay, if you use the Telecommunications Device for the Deaf (TDD)).