



## STUDENT VERIFICATION OF ENROLLMENT

PLEASE READ GENERAL INFORMATION ON PAGE 2 BEFORE COMPLETING FORM

**INSTRUCTIONS:** This form may be completed and submitted electronically via Email through <https://ask.va.gov>. Although not the preferred method, if you wish to submit the completed application by mail, please send the application to the VA Regional Processing Office (RPO) for the state or region where your school is located. See RPO addresses on page 2.

### SECTION I - STUDENT INFORMATION

<b>1. SOCIAL SECURITY NUMBER OF STUDENT</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> </div>	<b>2. SEX OF STUDENT</b> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> FEMALE         <input type="checkbox"/> MALE       </div>	<b>3. STUDENT'S DATE OF BIRTH</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">             Month  <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="text-align: center;">             Day  <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="text-align: center;">             Year  <div style="border-bottom: 1px solid black; width: 60px;"></div> </div> </div>
<b>4. NAME (First, Middle Initial, Last)</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>		
<b>5. STUDENT'S ADDRESS</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">             Number and Street  <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> <div style="width: 15%;">             Apt./Unit Number  <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;">             City, State, ZIP Code  <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> </div> </div>		
<b>6A. STUDENT'S TELEPHONE NUMBERS (Include Area Code)</b> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">             Mobile: <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">             Home: <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> </div>		
<b>6B. STUDENT'S E-MAIL ADDRESS</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>		

### SECTION II - SCHOOL INFORMATION

<b>7. PROVIDE THE FULL NAME AND ADDRESS OF THE SCHOOL</b>	
<b>8. TERM DATES OF ENROLLMENT (MM/DD/YYYY)</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">             BEGIN DATE OF TERM (MM/DD/YYYY)  <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> <div style="width: 45%;">             END DATE OF TERM (MM/DD/YYYY)  <div style="border-bottom: 1px solid black; height: 20px;"></div> </div> </div>	
<b>9. I WAS ENROLLED AS CERTIFIED BY MY SCHOOL SINCE THE LAST VERIFICATION</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> YES         </div> <div style="width: 30%;"> <input type="checkbox"/> NO         </div> <div style="width: 40%;"> <small>(If "NO," complete Items 10A and 10B or Item 11 as applicable). (Notify your School Certifying Official of the change)</small> </div> </div>	
<b>10. IF YOU HAVE CHANGED THE NUMBER OF HOURS (increase or decrease), PLEASE COMPLETE ITEMS 10A AND 10B.</b>	
<b>10A. DATE OF CHANGE IN HOURS (MM/DD/YYYY)</b> <div style="border: 1px solid black; padding: 2px; min-height: 40px;"></div>	<b>10B. NUMBER OF HOURS AFTER CHANGE</b> <div style="border: 1px solid black; padding: 2px; min-height: 40px; text-align: center; margin-top: 20px;">             (Notify your School Certifying Official of the Change)           </div>
<b>11. If you have completely Withdrawn from training, please provide the Date _____ of Withdrawal from training. (MM/DD/YYYY).</b> <small>(Notify your School Certifying Official of the change)</small>	
<b>I CERTIFY THAT the information above is true and correct to the best of my knowledge and belief.</b>	
<b>PENALTY - Willful false reports concerning benefits payable by VA may result in a fine, imprisonment, or both.</b>	
<b>12A. SIGNATURE OF STUDENT</b> <div style="border: 1px solid black; padding: 2px; min-height: 40px;"></div>	<b>12B. DATE SIGNED</b> <div style="border: 1px solid black; padding: 2px; min-height: 40px;"></div>

## 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)**

**Step 1:** Complete all applicable questions in Sections I and II of the form.

**Step 2:** Sign and date the form in Items 12A and 12B.

**Step 3:** If submitting the form electronically it can be sent via Email through <https://ask.va.gov>.

**Step 4:** If mailing the form - place completed form in envelope and mail to the appropriate VA Regional Processing Office (RPO) that represents the state or region where your school is located as shown below.

**Step 5:** Upon receipt of the form, VA will process your Verification of Enrollment.

**Eastern Region:  
VA Regional Office  
P.O. Box 4616**

**Buffalo, NY 14240-4616**

SERVES THE FOLLOWING STATES

CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO / FPO AA		FOREIGN SCHOOLS			US VIRGIN ISLANDS		

**Western Region:  
VA Regional Office  
P.O. Box 8888  
Muskogee, OK 74402-8888**

SERVES THE FOLLOWING STATES

AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO / FPO AP		GUAM		PHILIPPINES		AMERICAN SAMOA		MARIANA ISLANDS	

**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 Veteran Readiness 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](http://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)).