OMB Approved No. 2900-0262 Respondent Burden: 10 Minutes Expiration Date: 05/31/2021



Department of Veterans Affairs

DESIGNATION OF CERTIFYING OFFICIAL(S)

GENERAL INSTRUCTIONS

- 1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
- 2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

- Item 1: Enter the complete name and address of the school or training establishment.
- Item 2A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. Provide individual's direct telephone number, fax number and email address.
- Item 2B: Enter the name of Read-Only School Officials with limited jurisdiction. Use Item 3 (Remarks) if additional space is needed.
- Item 3: Remarks
- Items 4 and 5: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.
- Item 6: Print name

Item 7 and 8: Provide email address and direct telephone number.

| | RPOSE: This form is used to provide the names a | and signatures of those individuals who are a | uthorized to certify enrollment information to the | | | |
|-------|--|---|---|--|--|--|
| | 1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code) Facility Code-Completed by VA Onleading Code Completed Stablishment (Include ZIP Code) | | | | | |
| | | | | | | |
| 2 T | HE FOLLOWING ARE DESIGNATED AS CERTIFYING | OFFICIALS OF THIS SCHOOL OR TRAINING EST | ABI ISHMENT | | | |
| A. OF | DFFICIALS DESIGNATED TO SIGN VA ENROLLMENT | CERTIFICATIONS, CERTIFICATIONS OF CHANG JIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-J | IE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OB OR APPRENTICESHIP TRAINING (AS APPLICABLE), | | | |
| | NAME | TITLE | SIGNATURE | | | |
| (1) | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | |
| | | | | | | |
| (2) | NAME | TITLE | SIGNATURE | | | |
| | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | |
| | | | | | | |
| | NAME | TITLE | SIGNATURE | | | |
| (3) | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | |
| | | | | | | |
| (4) | NAME | TITLE | SIGNATURE | | | |
| | | | | | | |
| | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) | EMAIL | | | |
| | | | | | | |

| ENROLLMENT INFORMATION, REQUEST INFORMATION, SUBMIT INQUIRES, ETC. IT INCLUDES ALL PERMISSIONS EXCEPT SIGNING AND SUBMITTING CERTIFICATIONS OR OTHERWISE PROVIDING ENROLLMENT DATA TO THE VA. THIS SECTION DOES NOT NEED TO BE COMPLETED FOR VA WORK-STUDY STUDENTS. ENTER SCHOOL OFFICIALS ONLY. | | | | | | |
|---|---|------|-----------------|---------------|--|--|
| NO. | NAME | NC | D. | NAME | | |
| (1) | | (6 | 5) | | | |
| (2) | | (7 | ·) | | | |
| (3) | | (8 | (3) | | | |
| (4) | | (9 |) | | | |
| (5) | | (10 | 0) | | | |
| 3. F | REMARKS | | • | | | |
| | | | | | | |
| It is acknowledged that each of the individuals designated as certifying officials must successfully complete online training for new certifying officials prior to being granted access to VA's certification system. Individuals requesting "Read Only" access are not required to complete this training. Indicate in the remarks section (#4) above if a certifying official is in receipt of VA education benefits. It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form, to include changes in contact information, as they occur. | | | | | | |
| 4. 5 | SIGNATURE AND TITLE OF DESIGNATING OFFICIAL | 5. E | DATE | 6. PRINT NAME | | |
| 7. E | EMAIL ADDRESS | | 8. PHONE NUMBER | | | |
| PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both. | | | | | | |
| PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy | | | | | | |

R FOR READ-ONLY SCHOOL OFFICIALS WITH LIMITED ALITHORITY . LIMITED ALITHORITY IS DEFINED AS HAVING THE PERMISSION TO PREPARE

PRIVACY ACT NOTICE: 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 as identified in the VA system of records, 58VA21/22/28, Compensation,

Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. An example of a routine use (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). Your obligation to respond is required to obtain or retain education benefits. VA cannot recognize you as the proper certifying official 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 is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (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 10 minutes 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.