



## DESIGNATION OF CERTIFYING OFFICIAL(S)

**PRIVACY ACT INFORMATION:** We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page ([www.whitehouse.gov/OMB/index.html](http://www.whitehouse.gov/OMB/index.html)) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILL1 (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.

**PURPOSE:** This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(Include ZIP Code)</i>	<b>FOR VA USE ONLY</b>

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i>	3. FAX NUMBER OF CERTIFYING OFFICIAL(S) <i>(Include Area Code)</i>
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4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

**5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT**

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)	(2)
(3)	(4)

C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			

6. REMARKS

It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.

7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL	8. DATE
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**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.

## **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**

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: 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. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.