



**APPLICATION FOR REFUND OF EDUCATIONAL CONTRIBUTIONS
 (VEAP, Chapter 32, Title 38, U.S.C.)**

IMPORTANT INSTRUCTIONS - Before you complete this form, you should understand that you may be eligible to receive educational benefits. By receiving a refund of your contributions, you will forfeit entitlement to any educational benefits you may have earned under this program. If you have any questions concerning your eligibility for benefits, need assistance with completing this form, or need the address on where to send the completed form, you should contact the VA regional processing office that has jurisdiction over your address before submitting this form. You may reach this regional processing office by going to our Internet site (www.gibill.va.gov) or by calling 1-888-GI-BILL-1 (1-888-442-4551). However, if you wish a refund, you must complete this form and forward it to the VA regional processing office.

PART I - IDENTIFICATION DATA

| | | | |
|---------------------------------|------------------------|----------------------|--------------------------------|
| 1. NAME OF APPLICANT | 2. SOCIAL SECURITY NO. | 3. BRANCH OF SERVICE | 4. VA FILE NO. (If applicable) |
| 5. MAILING ADDRESS OF APPLICANT | | | |

PART II - NOTICE OF DISENROLLMENT AND APPLICATION FOR REFUND

I request to be disenrolled from the POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM. I further request a refund of my remaining contributions. I realize that a refund of my contributions will result in forfeiture of my entitlement to receive educational benefits under this program. However while on active duty, I may enroll again in this program by establishing a payroll deduction and/or making a lump sum contribution(s) not to exceed a total of \$2700, thereby reestablishing entitlement to educational benefits.

6. REASON FOR DISENROLLMENT

- A. PERSONAL HARDSHIP B. EDUCATION COMPLETED C. VOCATION OBTAINED D. OTHER (Specify)

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|--------------------------------------|--|---|--|-----------------|
| FOR APPLICANTS ON ACTIVE DUTY | <i>NOTE: The following signature block is to be completed only by applicants on active duty. Signature of Service Approving Official is required only upon disenrollment prior to completion of at least 12 monthly contributions to this program.</i> | | | |
| | 7. SIGNATURE OF APPLICANT | 8. DATE SIGNED | 9. SIGNATURE AND TITLE OF SERVICE APPROVING OFFICIAL | 10. DATE SIGNED |
| | 11. LAST ALLOTMENT (Month, year) | 12. SIGNATURE OF INSTALLATION FINANCE OFFICER | | 13. DATE SIGNED |

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|--|--|-----------------|---|-----------------|
| FOR APPLICANTS NOT ON ACTIVE DUTY | <i>NOTE: The following signature block is to be completed only by applicants not on active duty, and must either be notarized by a Notary Public or certified by a VA official upon the applicants personal appearance and presentation of valid identification at any VA regional office.</i> | | | |
| | 14. SIGNATURE OF APPLICANT | 15. DATE SIGNED | 16. SIGNATURE AND TITLE OF VA CERTIFYING OFFICIAL | 17. DATE SIGNED |
| | 18. DATE OF DISCHARGE (AS SHOWN ON YOUR DD FORM 214) | | | |
| | Sworn to and subscribed before me this _____ day of _____ | | | |
| [SEAL] _____ Notary Public | | | | |
| My commission expires _____ | | | | |

PART III - CERTIFICATION (FOR VA USE ONLY)

I CERTIFY that I have reviewed this document and that payment of refund is proper.

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| 19. SIGNATURE OF VA REGIONAL OFFICE FINANCE OFFICER | 20. DATE SIGNED |
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To determine the mailing address on where to send this completed form, you should first find your state in the following Regional Jurisdiction tables. Then, mail your complete form to the post office box address for the VA regional Office having jurisdiction for that region.

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| Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616 | | | |
| SERVES THE FOLLOWING STATES | | | |
| CT | DE | DC | ME |
| MD | MA | NH | NJ |
| NY | OH | PA | RI |
| VT | VA | WV | Foreign Schools |

| | | | |
|--|----|----|----|
| Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830 | | | |
| SERVES THE FOLLOWING STATES | | | |
| CO | IA | IL | IN |
| KS | KY | MI | MN |
| MO | MT | NE | ND |
| SD | TN | WI | WY |

| | | | |
|--|----|----|-------------|
| Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888 | | | |
| SERVES THE FOLLOWING STATES | | | |
| AK | AR | AZ | CA |
| HI | ID | LA | NM |
| NV | OK | OR | Philippines |
| TX | UT | WA | |

| | | | |
|--|----|----|----------------------|
| Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022 | | | |
| SERVES THE FOLLOWING STATES | | | |
| AL | FL | GA | MS |
| NC | PR | SC | US Virgin Islands |
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PRIVACY ACT Notice: VA will not disclose information collected by this information collection to any source other than what has been authorized under the Privacy Act of 1974 or Title 38 CFR 1.576 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA as published in the Federal Register at <http://www.va.gov/privacy/systemofrecords/58va21.asp>. An example of a routine use (e.g., VA sends educational forms or letters with 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 the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) Your obligation to respond is "voluntary". Giving us your Social Security Number (SSN) is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975 and still in effect. However, your failure to provide this information may delay your refund payment. We cannot take any action to properly identify and refund the amount being held in the Post-Vietnam Veterans Education Account until we receive this information (38 U.S.C. 3223, PL 94-502). Your responses are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and other may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to properly identify and refund any amount currently being held in the Post-Vietnam Era Veterans Education Account. 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.whitehouse.gov/library/omb/OMBINVC.html#VA. 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 information collection.