

Las Positas College

2014-2015 Authorization to Release Veterans Information (FERPA)

The Veterans Office will not discuss a student's Veterans Affairs application, financial aid application, status or eligibility with any person other than the student, including spouse or parent, without the student's express written authorization using this form. This form must be signed by the student in the presence of a Veterans Office staff person, or a notary must witness that student's signature was obtained in his/her presence. This policy is to protect the student's right to privacy under FERPA laws and regulations.

Student Name	Date:
Address	ID#: W
City, State, Zip	Email:

I hereby give my consent and authorization to the Veterans Office to release records and information regarding my VA Educational benefits at my college to the person(s) listed below. The person(s) has access to my information for the 2014-2015 academic year. **I understand that this release will not exceed one academic year in length (i.e. Fall 14, Spring 14, Summer 15 of the 2014-15 academic year, etc.)** I also understand I may cancel this authorization at any time during the year in writing to the Veterans Office.

The person(s) listed below may have any information they request regarding (check all that apply):

- The status of my Veterans Affairs (Veterans) file
- My Veterans Affairs Educational Benefit awards
- Other (must be specified below):

A copy of a photo id for each authorized person listed must be provided with this form.

The information checked in the box(es) above may be released, only with photo identification, to:

Printed Name(s) of Authorized Person(s)	Relationship to Student	Date of Birth
1.		
2.		
Student's Signature	Date Signed	

Student: If you do not present picture identification and sign this document in person while in the Veterans, this form must be notarized in this space.