

Veterans Consent to Release Information

I authorize the Department of Veterans Affairs to release information on my Education Claim as required by PRIVACY ACT OF 1974.

Student's Signature _____

Print Student's Full Name Social Security or VA File #

If a dependent spouse and/or child of a veteran (including deceased-service connected or a disabled veteran):

Print Veteran's Name Veteran Social Security # (or VA File #)

Veteran's Branch of Service Veteran's Date of Birth

Veteran's Date Entered Active Duty Veteran's Date Released From Active Duty