

Student Permission Document

THE STUDENT MUST SUBMIT THIS FORM TO THE VETERANS EDUCATION BENEFITS OFFICE

Under the terms of the Family Educational Rights and Privacy Act (FERPA), a student's educational record is, with certain exceptions, held confidential by Colorado State University. A student may grant permission for information to be provided to a third party by completing this form.

This release pertains ONLY to Veterans Affairs (GI Bill) benefit information, and may not be used for the purpose of performing registration or academic record transactions, releasing records related to employment, medical records, financial aid, student billing (except as it relates to answering questions pertaining to GI Bill benefits), tuition classification, disciplinary actions, or law enforcement. Any such requests must be directed to Student Employment Service, CSU Health Network, Student Financial Services, Conflict Resolution and Student Conduct Services or Colorado State University Police as appropriate.

Request by (VA Student):

_____	_____	_____
CSU ID	Last Name (print)	First Name
_____	_____	_____
Day-time telephone number	Last Name (print)	First Name

Please release my VA (BI Bill) information to (recipient[s]):

_____	_____	_____	_____
Last Name (print)	First Name	Last Name (print)	First Name
_____	_____	_____	_____
Relationship to Student		Relationship to Student	
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
Day-time telephone number		Day-time telephone number	
_____	_____	_____	_____
Email address		Email address	

Student Signature

Date