

OFFICE USE ONLY:

From CSU student email
 Confirmed student photo ID

Date: _____ Staff: _____



Veterans Educational Benefits Office
Registrar's Office
Centennial Hall
GI_Bill@colostate.edu
(970)491-6340
FAX (970)491-2283

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	Email Address	

Please release my VA (GI 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

This permission will remain in effect until revoked in writing by the student.

6/2023