PERMISSION TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Veterans Support Services from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent.

Complete this form with all applicable information, sign, and return to Veterans Support Services.

I, _____, _____,
(Student Name) (Student A#)

give consent for Veterans Support Services at Vincennes University to disclose personally identifiable information concerning my educational record to the individual(s) listed below. Releasable information includes, but is not limited to, the following: coursework completed in prior terms, transcript and grades, academic standing, credit hours, class schedule, balance due, financial aid information, and Veterans Benefits information.

Veterans Support Services may release my information to the following individual(s):

Name:	Relationship:	DOB:
Email:		Phone:

Name:	Relationship:	DOB:
Email:		Phone:

Name:	Relationship:	DOB:
Email:		Phone:

☐ I do not give consent for VSS to disclose my education information to any individuals.

I certify that this request was signed voluntarily, and I understand that it will be in effect until officially revoked in writing. I understand that the VA is not subject to FERPA, and my information can be released to the VA at its request.

Student's Signature: _____ Date: _____

Email completed form to Veterans Support Services: veterans@vinu.edu

Revised 2/12/20