

Clayton State University
Veterans Affairs Education Benefits
2000 Clayton State Blvd. Edgewater Hall #102 Morrow, Georgia 30260
Voice Mail: 678-466-4183 Fax: 678-466-4189 Email: veteransaffairs@clayton.edu

STUDENT AUTHORIZATION TO DISCUSS VETERANS AFFAIRS EDUCATION BENEFIT

2017-2018 Academic Year

STUDENT NAME _____ **LAKER ID** 900 _____

The Family Educational Rights & Privacy Act (FERPA) of 1974 is a federal law which prohibits disclosure of a student’s educational record, without written consent of the student. By signing this authorization, you consent to have our office personnel to discuss your VA Educational Benefits record for the current academic year.

To facilitate the authorization of these individuals, please complete this form and return it along with a readable copy of the student’s photo ID. The form can be submitted by any of the following methods:

- Email: veteransaffairs@clayton.edu
- Fax: 678-466-4189
- Mail: 2000 Clayton State Blvd Edgewater Hall, Room 105 Morrow, GA 30260
- In-Office: Please submit to the Front Representative in the Office of Financial Aid (Edgewater Hall, Room 105)

TO WHOM VETERANS AFFAIRS EDUCATIONAL BENEFITS CAN BE DISCUSSED

Disclose information as specified above to the following party/parties: Office personnel will confirm with the authorized party their name, relationship, and identifier before releasing information. Please include all three identifiers in email correspondence.

1. Name _____ Relationship _____ Last 4 of SSN _____
2. Name _____ Relationship _____ Last 4 of SSN _____

This form will be kept on file for one academic year and authorizes the indicated parties to have access to discuss your Veterans Affairs Educational Benefits.

___ I also authorize office personnel to discuss other financial aid information with the above party/parties, including but not limited to types of financial aid awards, income and assets (including spouse if applicable), and satisfactory academic progress standing. Please be sure to complete a separate Financial Aid Authorization form.

___ I do not authorize the office personnel to discuss other financial aid information with the above party/parties. Only discuss Veterans Affairs Educational Benefits.

STUDENT’S SIGNATURE _____ **DATE** _____