

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

2021-2022 Academic Year

STUDENT NAME _____ LAKER ID _____

In accordance with the Family Educational Rights & Privacy Act (FERPA) of 1974, Clayton State University is prohibited from providing certain information from your student records to a third party (including parents, spouses, and other family members). By signing this authorization, you consent to have our office personnel 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.

Please understand that a FERPA Information Release Authorization must be completed if you want to grant authorization for the Bursar's Office, Center for Advising & Retention, Financial Aid and Registrar's Office.

By signing this form, I voluntarily waive my rights of non-disclosure of my education records under federal law. I agree to hold Clayton State University harmless from any and all liability for the release of my records to any person/entities who correctly provide the identifying information above.

STUDENT'S SIGNATURE _____ DATE _____