



Spokane Community College VETERAN STUDENT INFORMATION AUTHORIZATION

Date _____

Name _____

SCC student ID number - -

Address _____

City _____ State _____ ZIP _____

Current phone numbers:

Home _____ Work _____

I allow the Spokane Community College Veterans Affairs office to release information regarding my SCC enrollment to the following:

- Department of Veterans Affairs, Veteran Agencies, Washington State Department of Vocational Rehabilitation, WorkSource, Department of Social and Health Services, other institutions of higher education
- Parent(s) – (mainly for Ch 35 dependents)
- Spouse
- Other _____

Signature _____

Information may be released to the following individuals (parent, spouse and/or other as per above):

Name _____

Address _____

City _____ State _____ ZIP _____

Current phone number _____ Relationship to student _____

This signed form allows the following types of information to be released: home address; telephone; Social Security number; class schedule; time, date and location of class(es); faculty advisor; transcript: grades, credits, GPA, course descriptions; residency status; financial aid/veteran status, placement scores, disability status, holds/restrictions on records/debts to the college.