The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

Spokane Falls Community College
VETERAN STUDENT INFORMATION AUTHORIZATION

Date_____

Name_____

SFCC student ID number [ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

Address_____

City_____ State_____ ZIP_____

Current phone numbers:

Home_____ Work_____

I allow the Spokane Falls Community College Veterans Affairs office to release information regarding my SFCC 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.