

**AUTHORIZATION TO RELEASE STUDENT INFORMATION**  
**SOUTHWESTERN ILLINOIS COLLEGE**  
**Veterans Services**

2500 Carlyle Avenue, Belleville, IL 62221  
618-235-2700 ext. 5226 • Fax: 618-222-9768

I, \_\_\_\_\_, authorize Southwestern Illinois College under the guidelines of  
(student name)  
the Family Education Rights and Privacy Act of 1974 (FERPA) to release or discuss the education records indicated below to the individuals or agencies also listed below. FERPA is a federal law designed to protect the privacy of education records, to establish the right of students to inspect and review their educational records, and to provide guidance for the correction of inaccurate and misleading data through information and formal hearings.

Information to be released by Veterans Services – Check those that apply:

- Certification of VA Benefits
- Current Enrollment
- Other-explain \_\_\_\_\_

Identify the person Veterans Services is authorized to release the above information to:

Name \_\_\_\_\_

Address (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Name: (Printed): \_\_\_\_\_ Student ID \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

City State Zip

Student's Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicable semester – check one:

- Fall \_\_\_\_\_ (year)
- Spring \_\_\_\_\_ (year)
- Summer \_\_\_\_\_ (year)

**Office Use Only:**

ID Verified: YES / NO

Initials: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_