



## Consent to Release Information

In order to protect your privacy, federal law restricts Salt Lake Community College from releasing personal information over the phone or to a third party without your written consent. Access to basic directory information (name, address, phone number, etc.) is generally available to the public unless you request Enrollment Services place a privacy hold on your record.

To protect your information SLCC Veterans Services requires you to provide a password that will allow you access limited information by phone. The password should be easily remembered, no more than 6 characters long and not easily guessed and only shared with those you want to access your information.

**NO INFORMATION WILL BE RELEASED BY PHONE WITHOUT YOUR STUDENT NUMBER AND PASSWORD. You must present picture ID when information is requested in person.**

\_\_\_\_\_  
PRINT: Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Password (6 characters only)

By signing this form, I give consent for the SLCC Veterans Services Staff to disclose limited information concerning my VA Education information and records over the telephone to myself, and in-person to any individual(s) listed below by giving my student ID number and the password above. Grades are not released.

\_\_\_\_\_ I authorize the SLCC VS to release information, in-person **ONLY** to the individual(s) listed below.

\_\_\_\_\_ I do not authorize any information to be released to anyone but myself.

I understand a picture ID and password is REQUIRED by those listed below before information is released.

Name

Relationship

Birth date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\***Sign below in the presence of a Veterans Services Employee**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed in the presence of: \_\_\_\_\_ on \_\_\_\_\_  
Veterans Services Employee Date Type of ID Verified

**This password will remain valid unless I submit a new request or withdraw my consent in writing.**

\*\*\*\*\*

If you are **NOT** signing this form in the presence of an SLCC Veterans Services Employee, this form must be notarized. The original notarized form must be submitted to the Veterans Center, STC 059.

Notary Public \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_ County of \_\_\_\_\_ Today's Date \_\_\_\_\_