

STUDENT INFORMATION SHEET

(Please print clearly)

Please check **ONE** of the following:

I am a **NEW STUDENT** and have NEVER USED my education benefits before.

I am a **RETURNING STUDENT** who has received education benefits at Howard College in the past.

I am a **TRANSFER STUDENT** who used education benefits at another school(s). (VA Benefits: Attach proof of completion of VA Form 22-1995 (veteran) or 22-5495 (dependents) – “Request for Change of Program or Place of Training”).

How many previous schools have you attended? _____ (list schools below)

I am a **GUEST STUDENT** who is taking courses at HC concurrently with another school toward a degree at that institution. Attach Parent Letter from that institution. See VA Benefits Coordinator for assistance, if needed.

Today's Date: _____ HC Student ID #: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City/State/Zip

Phone Number: _____ Email: _____

Degree/Major: _____ 1st Semester: _____

Your Veteran Benefits Program:

Chapter 30
Montgomery GI Bill

Chapter 31
Vocational Rehab

Chapter 33
Post 9/11 GI Bill

Chapter 33 Post 9/11 TOE for
Veteran Dependents

Chapter 1606
Reservist

Chapter 1607
REAP

Chapter 35
Dependent's Education Assistance

Hazlewood Exemption
Veteran

Hazlewood Exemption
Spouse Dependent

AUTHORIZATION TO DISCLOSE INFORMATION

This authorization is administered for the purpose of complying with the U.S. Department of Education regulation found at 34 CFR Part 99. Family Educational Rights and Privacy Act (FERPA). Sec. 99.30 of the regulation addresses prior consent required to disclose information.

Student Authorization

I authorize the Veterans Education Benefits Coordinator and/or School Certifying Official at Howard College to disclose information related to my veterans education benefits to the designated party or class of parties as specified below. If you do not wish to allow anyone to disclose your information, please place "None" in the first line.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Certification

By signing and dating this document, I acknowledge that the Veterans Education Benefits Coordinator and/or School Certifying Official at Howard College has the right to disclose information related to my veterans education benefits or any other information to the party or class of parties I have designated.

Student Signature

Date

Printed Name of Student

Social Security Number