

Consent to Release Confidential Student Records and Information to Veteran Affairs

All fields to be completed by the student:

REQUIRED STUDENT INFORMATION	
Surname:	Given Names:
Concordia University Student no.:	Academic Period:

DECLARATION AND SIGNATURE	
<p>I _____, grant Concordia University permission to discuss my <i>(Print student's full name)</i></p> <p>confidential academic records and financial school records with Veteran's Affairs (VA), and to release my Social Security Number (SSN).</p> <p>Such information will be used as required by the VA Benefits for the management of my VA File.</p> <p>I understand that I can either amend or revoke this consent in the future, in writing to The Financial Aid & Awards Office (fundingmyeducation@concordia.ca).</p>	
My Social Security Number (SSN) is :	
Student Signature:	Signing Date (MM/DD/YYYY):
Signature of the School Official:	Official's Name (Please Print):
Date (MM/DD/YYYY):	

<p>Notice of collection of Personal Information</p> <p>The personal information on this form is collected in accordance with the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1 Quebec) and with Concordia University's Policy Concerning the Protection of Personal Information (SG-9). For more information, please visit the Office of the Secretariat online at: https://www.concordia.ca/about/administration-governance/secretariat.html</p>
