



AGREEMENT FOR RELEASE OF VA EDUCATION INFORMATION  
TO THIRD PARTY

Claim file # \_\_\_\_\_ Your Social Security Number \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
*(Enter your name)*

\_\_\_\_\_  
*(Enter the person's name and relationship to you)*

to contact the VA regarding \_\_\_\_\_  
*(Enter all education benefits or specific issues)*

I want the following issues excluded from release to the above named individual:

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

Please provide a password the person named above must provide to obtain VA education benefit information on your behalf:

PASSWORD: \_\_\_\_\_

NOTE TO BENEFICIARY:

This release excludes address and direct deposit changes as well as monthly certification for payment. It includes **ONLY VA education benefits**. It excludes health issues and any other VA benefit to which you may be entitled. These particular issues must be handled personally by you.

*I understand that by signing this release, I give the above named individual access to the information as specified which is contained in my VA education benefit records.*

Signature of Beneficiary: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Phone Number (Include Area Code) \_\_\_\_\_

**VA DATE STAMP**  
(Do not write in this space)

**IMPORTANT: Mail this form to the appropriate office below, based on where you live.**

<b>Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616</b>			
Serves the following states:			
CT	DE	DC	ME
MD	MA	NH	NJ
NY	OH	PA	RI
VT	VA	WV	Foreign Schools

<b>Central Region: VA Regional Office P. O. Box 66830 St. Louis, MO 63166-6830</b>			
Serves the following states:			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
SD	TN	WI	WY

<b>Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888</b>			
Serves the following states:			
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK	OR	PHILIPPINES
TX	UT	WA	GUAM

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<b>Southern Region: VA Regional Office P. O. Box 100022 Decatur, GA 30031-7022</b>			
Serves the following states:			
AL	FL	GA	MS
NC	PR	SC	US Virgin Islands

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Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.