



Lansing Community College  
1121 - Enrollment Services  
PO Box 40010  
Lansing, MI 48901-7210  
Phone: (517) 483-1200 (option 3)  
Fax: (517) 483-1170

## RELEASE OF VETERAN BENEFIT INFORMATION

I, \_\_\_\_\_, hereby grant authority to  
Veteran Department of Enrollment Services at Lansing Community College to  
release Veteran information to \_\_\_\_\_  
and allow said person (mother, spouse, father, etc...) or agency to transact  
Veteran benefit business on my behalf.

I understand that under the Privacy Act, Public Law 93-380, information on  
my file can not be released without my consent.

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

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
VA File Number