



CONSENT FOR ACCESS TO RECORDS

Virginia Military Survivors & Dependents Education Program

Dependent's Name (Last, First, Middle Initial):	Date of Birth
IMPORTANT: You are not obliged to grant anyone access to information regarding you.	

SECTION A: Information to be released (select all that apply):			
<input type="checkbox"/> Application Information (status, name and/or address changes)			
<input type="checkbox"/> Benefits Information (registration, enrollment status, stipend)			
SECTION B: Person(s) to whom access to education records may be provided:			
I hereby authorize the Department of Veterans Services/VMSDEP to release information checked in section A to the following individuals:			
Name (Last, First)	Telephone Number	Address	Relationship
Name (Last, First)	Telephone Number	Address	Relationship
SECTION C: Rights granted (select one):			
<input type="checkbox"/> I grant permission for the person(s) listed in section B to make changes to my application (name and address changes, enrollment changes, etc.)			
<input type="checkbox"/> I do not grant permission for the person(s) listed in section B to make changes to my application (name and address changes, enrollment changes, etc.)			
SECTION D: Duration of release (select one):			
<input type="checkbox"/> One-time Use: This authorization can be used only once.			
<input type="checkbox"/> Limited Use: This authorization is valid from date of signing below until: _____			
<input type="checkbox"/> Ongoing until written notice is given to VMSDEP to terminate.			
SECTION E: Purpose of release (select all that apply):			
<input type="checkbox"/> VMSDEP Program eligibility			
<input type="checkbox"/> Managing benefits			
<input type="checkbox"/> Other (please specify)			
I understand that I have the right not to consent to the release of my records/information, and I have the right to revoke this consent at any time by delivering a written revocation to the VMSDEP office.			

Dependent's Name: _____ Date: _____

Dependent's Signature: _____

Instructions for completing this form:

1. The form must be fully completed and signed by the dependent. Records cannot be released if any section of this form is not filled out entirely.
2. Please upload this form to your myVMSDEP account. You may direct questions about this form to the VMSDEP Office by phone at (804) 225 - 2083 or email at VMSDEP@dvs.virginia.gov.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.