



**AVECO Scholarship FERPA  
CONSENT TO RELEASE STUDENT INFORMATION**

TO: \_\_\_\_\_

*Name of College/University*

Please provide information from the educational records of \_\_\_\_\_

*Applicants Name*

to the Association of Veterans Education Certifying Officials (AVECO) board of directors.

The only type of information that is to be released under this consent is:

- ✓ confirmation of enrollment, and
- ✓ cumulative G.P.A.

The information is to be released for the purpose of scholarship consideration.

By signing this form I understand the above information may be released orally or in the form of copies of a written statement or records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to AVECO. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to AVECO for the specific purpose described above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

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

Date \_\_\_\_\_

***Applicants are to sign and submit the form along with the rest of their application***