

**Veteran's Resource Center  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize for Monterey Peninsula College employee to provide the Department of Veterans Administration to release information on my educational or other pertinent benefits claim whenever such information is needed. I also authorize the college to release my information to the Department of Veterans Affairs and other entities listed below for the purpose of receiving information on veteran's benefits for which I may be eligible for.

- (1) Full legal name.
- (2) Email address.
- (3) Mailing address.
- (4) Mobile telephone number.
- (c) Information obtained by the Department of Veterans Affairs pursuant to this section shall be used only to assist individuals in accessing benefits and shall not be disseminated except as needed for that purpose.
- (d) The following agencies shall abide by the requirements of this section:
  - (1) The California Community Colleges, and the Board of Governors of the California Community Colleges.
  - (2) The California Department of Aging.
  - (3) The State Department of Developmental Services.
  - (4) The California Housing Finance Agency.
  - (5) The California State University.
  - (6) The Department of Community Services and Development.
  - (7) The Department of Fish and Wildlife.
  - (8) The Department of Motor Vehicles.
  - (9) The Department of Rehabilitation.
  - (10) The State Department of Health Care Services.
  - (11) The State Department of Social Services.
  - (12) The University of California, as set forth in subdivision (e).
- (e) The Regents of the University of California are requested to comply with this section. This section shall apply to the University of California if the Regents adopt a resolution consenting to be subject thereto.
- (f) This section does not apply to intake or application forms that are provided to a person subsequent to any intake or application forms that have included the information required by this section.

My signature on this document indicates I have read and understand the authorization is valid for 12 months *and **I must update this document on an annual bases.***

\_\_\_\_\_  
Print Student's Name (last, first, mi)

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MPC Student ID#:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Year