Office Of Veteran Services **Student Veterans Association Membership Application**



STUDENT INFORMATION									
Student Name:				Student SS/ID:					
Student Address:				Student Date of Birth:					
City, State, Zip				Student Email:					
Student Phone:				Student Alternate Phone:					
MILITARY BRANCH/ DEPENDENT									
☐ Air Force	☐ Army	☐ Coast Guard		☐ Marines		□ Navy		☐ Dependent	
Interested in becoming an SVA Officer: YES/NO				If yes, specify title:					
Major:				ation Benefits: MOS/A ES/NO		FSC: Len		ngth of Service:	
BENEFI ☐ Post 9/11 Ch.33 ☐ MGIB Ch.30 ☐ Hazelwood				TS RECEIVED ☐ DEA Ch.35		□ VRE Ch.3	1	□ Ch. 1606	
Student Veterans Association Release Of Information Authorization									
I hereby authorize the release of my <u>personal information</u> as circled below to the Grayson College Student Veteran									
Association (SVA). Only information authorized in this document will be released to the Veteran Service Office (VSO). Furthermore, I grant my permission for the VSO to use any photograph including my image/likeness in any									
news media release.									
Name	Name Address		Phone Number		Email Address				
Student's Printed Name:			Student's Signature:				Date:		

Grayson College Veteran Services Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299 Email to: veterans@grayson.edu • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.