

# V S A Membership

Full Name	
Address	
Phone Number	
Email Address	
Other Contact info	

**Veteran Status (Please circle one)**

Veteran   Active   Reservist   Dependant   Family Member

None. I just want to participate

**Please shade in the times you are available for activities**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8							
9							
10							
11							
12							
1							
2							
3							
4							
5							
6							
7							
8							

Veteran Student Alliance

5151 Pacific Ave.

Stockton, CA 95207

(209)954-5635

## Release of Information

I \_\_\_\_\_, authorize the Veteran Student Alliance (VSA) leadership to use my information in order to coordinate VSA activities, e.g. Vet to Vet support Programs. I further release my personal information for the purposes specified below. I understand that this authorization will release the VSA, its members, its leadership, and the recipients of the aforementioned information from any liability related to this information. Further, I understand that the VSA will not sell or make available my information to any commercial entities for the purpose of marketing, research or for any other purposes other than hereby specified without first obtaining my authorization.

If authorizing the release of information please check the corresponding boxes:

- 11<sup>th</sup> Congressional District
- California Community College System
- San Joaquin Delta College

\_\_\_\_\_  
Student Name (Please Print)

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

\_\_\_\_\_  
Student ID number

\_\_\_\_\_  
Date