

**INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO
DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY- EDUCATION BENEFITS**

GENERAL INFORMATION

At VA, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, VA will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, VA must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if VA has already acted based on your permission.

QUESTIONS	SPECIFIC INSTRUCTIONS
1-7	In this section, give us the claimant's identification information to include name, social security number, VA file number, date of birth, mailing address, telephone number and e-mail address.
8-11	<p>In Item 8 VA will give your personal benefit or claim information to the person or organization you enter in this box. You may select only one person or one organization. If you designate an organization, you must also identify one or more individuals in that organization to whom VA may disclose your benefit or claim information. This form cannot be used to disclose federal tax information to third parties.</p> <p>Item 11 tells VA the duration of your consent. If you do not want your authorization to be effective indefinitely, tell us when to stop releasing your personal benefit or claim information to your authorized third party in Item 11. Check the box that applies and fill in dates, if applicable.</p>
12	Select the security question you would like us to ask your designated third party and provide the answer. This question will be asked each time your designated third party contacts the VA.

WHERE DO I SEND MY COMPLETED WORK?

Send your signed authorization in by using one of the following methods:

MAIL TO		SUBMIT ONLINE
<p><u>EASTERN REGION</u></p> <p>VA Regional Office P. O. Box 4616 Buffalo, NY 14240</p>	<p><u>WESTERN REGION</u></p> <p>VA Regional Office P. O. Box 8888 Muskogee, OK 74402</p>	<p>https://www.va.gov/</p> <p>https://ask.va.gov/</p>

NOTE: You should make a copy of your signed authorization for your records before mailing it to VA. You can only have **one** VA Form 22-10278, *Authorization to Disclose Personal Information to a Third Party - Education Benefits*, on file with VA at a time.

WHAT IF I CHANGE MY MIND?

If you change your mind and do not want VA to give out your personal benefit or claim information, you may notify us in writing, or by telephone at 1-888-442-4551 or electronically via the Internet at <https://ask.va.gov/>. Upon notification from you VA will no longer give out benefit or claim information (except for the information VA has already given out based on your permission).



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY- EDUCATION BENEFITS

INSTRUCTIONS: Use this form if you want to give the Department of Veterans Affairs (VA) permission to release your personal benefit or claim information to a third party. This form **may not be executed** by any claimant recognized as incompetent for VA purposes, nor can VA **accept** this form from any claimant recognized as incompetent for VA purposes.

SECTION I - CLAIMANT'S IDENTIFICATION INFORMATION

NOTE: You may **either** complete the form online or by hand. If completed by hand print the information requested in ink, neatly, and legibly to expedite processing the form.

1. CLAIMANT'S NAME (*First, Middle Initial, Last*)

2. CLAIMANT'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (*If known*)

4. CLAIMANT'S DATE OF BIRTH (*MM/DD/YYYY*)

5. MAILING ADDRESS OF CLAIMANT (*Number and Street or rural route, P.O. Box, City, State, ZIP Code and Country*)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

6. TELEPHONE NUMBER (*Include Area Code*)

Enter International Phone Number (*If applicable*)

7. EMAIL ADDRESS (*Optional*)

I agree to receive electronic correspondence from VA in regards to my claim.

SECTION II - CONTACT INFORMATION

8. VA IS AUTHORIZED TO DISCLOSE THE INFORMATION SPECIFIED BELOW TO ONE PERSON **OR** ONE ORGANIZATION LISTED BELOW. PROVIDE THE NAME AND ADDRESS OF THE PERSON YOU HAVE CHOSEN TO RECEIVE INFORMATION FROM VA IN ITEMS 8A AND 8B **OR** PROVIDE THE NAME AND ADDRESS OF THE ORGANIZATION YOU HAVE CHOSEN AND THE NAME OF THE ORGANIZATION'S REPRESENTATIVE IN ITEMS 8C AND 8D.

A. NAME OF PERSON (*First, Middle Initial, Last Name*)

B. ADDRESS OF PERSON

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

NOTE: An organization may have more than one representative. Include the first and last name of any additional representatives.

C. NAME OF ORGANIZATION (*Include name of representative(s)*)

D. ADDRESS OF ORGANIZATION No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code	
9. I, THE CLAIMANT AUTHORIZE VA TO CONTACT THE PERSON OR ORGANIZATION LISTED IN ITEM 8A OR 8C FOR THE PURPOSE OF PROVIDING THE FOLLOWING INFORMATION PERTAINING TO MY VA RECORD (Check only one box below to tell VA the specific benefit or claim information you want disclosed) <input type="radio"/> LIMITED INFORMATION (Go to Item 10) <input type="radio"/> ANY INFORMATION (Go to Item 11)	
10. IF YOU SELECTED "LIMITED INFORMATION", FILL ALL THAT APPLY <input type="radio"/> Status of pending claim or appeal <input type="radio"/> Amount of money owed VA <input type="radio"/> Other (Specify below) <input type="radio"/> Current benefit and rate <input type="radio"/> Request a benefit payment letter <input type="radio"/> Payment history <input type="radio"/> Change of address or direct deposit	
11. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE: <input type="radio"/> One time only <input type="radio"/> From the date of signing below until _____ (Specify date - MM, DD, YYYY) <input type="radio"/> Ongoing until written notice is given to VA to terminate	
12. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY ONE SECURITY QUESTION BOX IN ITEM 12A AND PROVIDE THE ANSWER IN ITEM 12B.	
A. SECURITY QUESTION	B. ANSWER
<input type="radio"/> The city and state your mother was born in	
<input type="radio"/> The name of the high school you attended	
<input type="radio"/> Your first pet's name	
<input type="radio"/> Your favorite teacher's name	
<input type="radio"/> Your father's middle name	
SECTION III - DECLARATION OF INTENT	
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.	
13. CLAIMANT'S SIGNATURE (REQUIRED)	14. DATE SIGNED (MM,DD,YYYY) _____
<p>PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.</p> <p>RESPONDENT BURDEN: We need this information to release your private benefit and/or claim information to a designated third party(ies). The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form will authorize release of the information you specify. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>	