

**Elizabethtown Community & Technical College
Student Veterans Association
Membership Application**

Date: _____
School Year: 2016

(Please Print)

Name: _____

Student ID: _____

Address: _____

Phone: H: _____ **C:** _____

Email: _____

**Student Veterans Association
Release of Information form**

I hereby request that the public information identified below be allowed to be sent to members of the Elizabethtown Community & Technical College Student Veterans Association (SVA).

Please check the information you wish to release to members of the SVO.

- Name**
- Address**
- Home phone**
- Cell Phone**
- Email Address**

Date

Signature