



REQUEST TO OPT-OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS (VA FORM 22-0993)

HOW TO USE THIS FORM

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also known as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a veteran or other individual is entitled. However, you may elect to "opt-out" of these disclosures and have VA withhold this information instead.

YOU ARE AUTOMATICALLY ENROLLED

Participation is easy. All eligible veteran education beneficiaries are automatically enrolled and VA will share your information with educational institutions unless you decide to "opt-out". If you decide to "opt-out", VA **will not** provide your personally identifiable information or information about your veterans' education benefits with any educational institution.

HOW TO OPT-OUT OF THIS PROGRAM

You do not need to do anything if you would like VA to make available to educational institutions information about the amount of educational assistance to which you are entitled. However, if you decide to "opt-out", you will need to sign the statement below and inform VA by using the method shown below.

1. **Web:** Visit www.vets.gov and complete this form online.
2. **Download and Submit:** Visit the GI BILL website at www.benefits.va.gov/gibill and click on the "Submit a Question" button located on the right side of the screen. Follow the directions to "Sign Up" to establish a user ID and password. This will allow you to upload your form as an attachment.

If you have questions or need additional help contact the Educational Call Center at 888-GIBILL-1.

Certification and Signature of Veteran Requesting to Opt-Out of Information Sharing With Educational Institutions

I, _____ [Print Your Name]

[VA File Number] _____

CERTIFY THAT the Department of Veterans Affairs (VA) **does not** have my permission, to share my personally identifiable information or information about my veterans' education benefits with any educational institution. I am asserting my rights under 38 U.S.C. 3699A(b) to opt-out of any sharing of this information by the Department of Veterans Affairs.

Signature (*Sign in ink*)

Date (MM/DD/YYYY)