

REQUEST FOR RELEASE OF PRIVATE DATA

This authorization gives express authority to the Olmsted County Veteran Services to release a copy of the DD 214, or other private data held by the department of the veteran identified in this release.

Provisions of State Data Practices Act under Minnesota Statute

- A. Information collected through use of this release may be used and disseminated only to individuals or agencies specifically authorized access to that data by state, local, or federal law subsequent to the collection of that data.
- B. You may refuse to sign this release of information, but such refusal will result in a denial of your request for record.
- C. This release of information is valid for this request only.

Veteran's Identifying Information (Please print clearly or type)

NOTE: If the veteran's name has changed since the requested separation document was issued, provide evidence of the name change, such as marriage certificate, divorce decree, court ordered name change, adoption record, etc.

Veterans Name: Last, First, Middle

Veterans Social Security Number and Service Number

Date of Birth

Date of Death

Date of Entry

Date of Separation

Veterans Address at time of entry: Street or PO Box, City, State, Zip Code

Data on Person Requesting Information (Please print clearly or type)

Name

Mailing Address

Daytime Telephone, include area code: Requestor's fax number:

Relationship to veteran in the case of a deceased veteran: (surviving spouse, child, parent)
(Please see the back of this form for evidence required)

I have read and understand the Provisions of the State Data Practices Act as stated above and hereby authorize the Olmsted County Veteran Services to release the requested information. I further state that all information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Requestor

Date

Signature must be notarized if applying by mail or fax.

Subscribed and sworn before me this ____ day of _____, 20____

_____. My commission expires: _____

(Seal)

*For
Administrative
Use Only*

ID Viewed _____

Initials _____