



Authorization for the Washington State Department of Veterans Affairs to Release My Personal Information

Complete this form to request or to authorize the Washington State Department of Veterans Affairs (WDVA) to release a copy of your DD-214, copy of your medical records or claim information.

1. FIRST, MIDDLE, LAST NAME OF VETERAN		2. FIRST, MIDDLE, LAST NAME OF BENEFICIARY/CLAIMANT WHO IS NOT THE VETERAN	
A. DAYTIME PHONE NUMBER	B. CELL PHONE NUMBER	C. E - MAIL ADDRESS <i>(If applicable)</i>	
3. ADDRESS OF BENEFICIARY/CLAIMANT <i>(No. and Street or rural route, City or P.O., State and ZIP Code)</i>			
<p>VETERAN'S REQUEST: I request and authorize the Washington State Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s) Please initial all that apply:</p> <p align="center"> Branch of Service _____ Copy of my DD-214 _____ Copy of my Claim _____ Copy of my Medical Records _____ </p>			
4. VA FILE NUMBER		5. SOCIAL SECURITY NUMBER	
<p>6. WDVA IS AUTHORIZED TO DISCLOSE THE INFORMATION AS SPECIFIED ABOVE TO THE PERSON OR ORGANIZATION LISTED BELOW:</p> <p>NAME _____</p> <p>ADDRESS _____ <i>(No. and Street or rural route, City or P.O., State and ZIP Code)</i></p> <p>DAYTIME PHONE NUMBER _____</p> <p>NAME _____</p> <p>ADDRESS _____ <i>(No. and Street or rural route, City or P.O., State and ZIP Code)</i></p> <p>DAYTIME PHONE NUMBER _____</p>			
7. SIGNATURE <i>(Do NOT print)</i>			8. DATE SIGNED

At the Washington State Department of Veterans Affairs (WDVA), we recognize and respect the importance of your 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, WDVA 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, WDVA must have your written permission (an "authorization") to release a copy of your DD 214, your medical records or claim information to you or to a third party.